TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

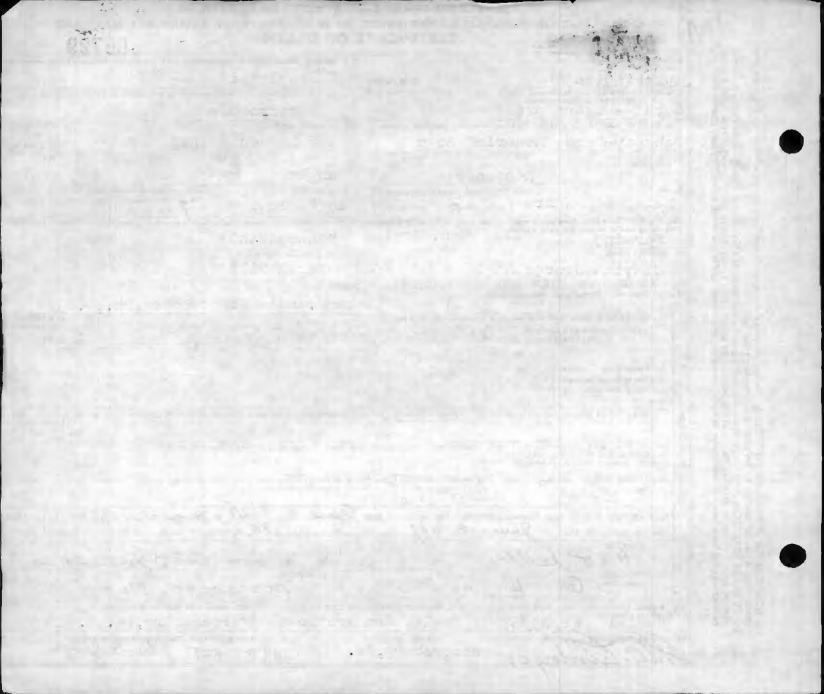
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_	MO191	Part Service									16	9	
1.	PLACE OF DEATH	-3			1				ceased lived, If		esidane	e bafore o	dmission)
	Washingt	on		MARY	LAND	Pen	hsylva	ania	b. COUN	(TY			4
	b. CITY OR TOWN (if	f outside corporata limits.		c. LENGTH OF STA		-			orale limits, write	RURAL end	give n	earest tov	rn)
R		give neerast town) ,					ercers						
-		AL OR INSTITUTION (if	not in hou	ital give street add.	lood		ET ADDRESS	on ar g			12) a IC n	ESIDENCE
173					4000)	105		0 m B ===	0.0011.00			ON	A FARM?
-		eedy Memo	rrar			200			enue			- AE2	NO X
3.	NAME OF DECEASED	First		Middle		Les	st	4. DATE OF	Month	1	Day	Yea	
	(Typa or print)		renc			Ang	le	DEATH	6		20	19	67
5.	SEX	6. COLOR OR RACE	. MARRIET	NEVER MARRIE	D 8.	DATE OF B	RTH	9.		IF UNDER 1		IF UNDER	24 HRS.
	Male 9	White	WIDOWE	DIVORCE	рП	10/2	3/1879	9 .	last hirthday)	Months I	Days	Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of work	1Db. KI	ND OF BUSINESS OF	INDUSTRY	11. BIRTH	PLACE (County	y & State, or f		12. CITI	ZEN O	WHAT	OUNTRY?
do	Farming	rking lifa, even if ratirad)		Gen.Farm	ing		nsylva			T	SA		
13.	FATHER'S NAME				-		R'S MAIDEN N				~11		
		Coores	~~7~				rah Mi						
40		George A						TTTCT					
15. (Ye	s, no, or unkown) (If	R IN U.S. ARMED FORC	ES? 16. :	SOCIAL SECURITY N		VFORMAN			Address				
					Jo	hn W.	Angle	Merce	ersbur	g.Pa.	.R.	#3	
		EATH Enter only ons c	auso par li			ŧ			-			RVAL BE	
		WAS CAUSED BY:	Ur	Lereodel	ero	20 40	retto b	encle	ley		ON	SET AND	
	NESTA	DUE TO									-	1	
	Conditions, if any		ž.										
	gava rise to immedia	ata causa				-					-		
	(a), stating the un	derlying DUE TO											
	cause last,) (c)_							<u> </u>				
0	PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEAT	H BUT NO	RELATED TO	O THE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PART	1(a) 19	PERFO	UTOPSY RMED?
Š											Y	-	NO 🗌
TE	20a. ACCIDENT WA		20b. DES	CRIBE HOW INJURY	OCCURRE	. (Entar natu	re of injury in	Pert I or Part I	l of item 18.)				
2		MEDICAL EXAMINER											
<	20c. TIME OF INJUI	RY Month, Day, Year	20d,	NJURY OCCURRED	20e, PLAC	E OF INJUR	Y (Home, farm,	; 20f. (City	or town)	(Cour	ity)		(State)
	Hour e.m.		Whila	Not While	facto	ry, streal, off	ica bldg., etc.)			,	,		20.0.01
3	p.m.	19	at work	<u> </u>		-		10					
	21. I certify th	nat (I) (this hospita	l) attend	led the decease	d from	facel		961, 100	June 3	P. 19.	9.7. th	at (I) (we) last
	saw the decease	ed alive on.	125/	8 19.67 a	ind that	death occu	urred at & Q	L.M. from	the causes	and on th	e date	stated	above.
	22a. SIGNATURE	7 30		3.4.		ATTENE	NAC MA	E.S.	274472	^		226	DATE
	7.2	5. Le UL	n,		M.I	PHYS.		RECTOR	PHYS.	Luce	200	306	SIGNED
	22c. PHYSICIAN'S	-		105		22d. A	DDRESS			7			
	NAME (Type)	G.W.L.	EVA	+K, M.D			Doe	NSBO	OFO	MAR	YL	AN	>
234		ON, 236. DATE THERE	OF	23c. NAME OF C	EMETERY C	R CREMATO	DRY	23d. LOCA	TION (City, tox	en or county)	{5	tela)
	REMOVAL (Specify)	6/23/67	7	Welsh :	Run 1	Breth	ren	Merce	ersburg	g, Pa.	,R.	#2	
24	FUNERAL DIRECTOR			ADDRESS			25e. REC'I	-	RAR 256. REG				
-	711.7	Calana	Me	rcersbur	g, Pa	•	11111	2 3 196	- 0/21/	iarles		fel	
	1:00.00	mager					I DATE !	40 100	31 1		0	<u></u>	

VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08732

CERTIFICATE OF DEATH

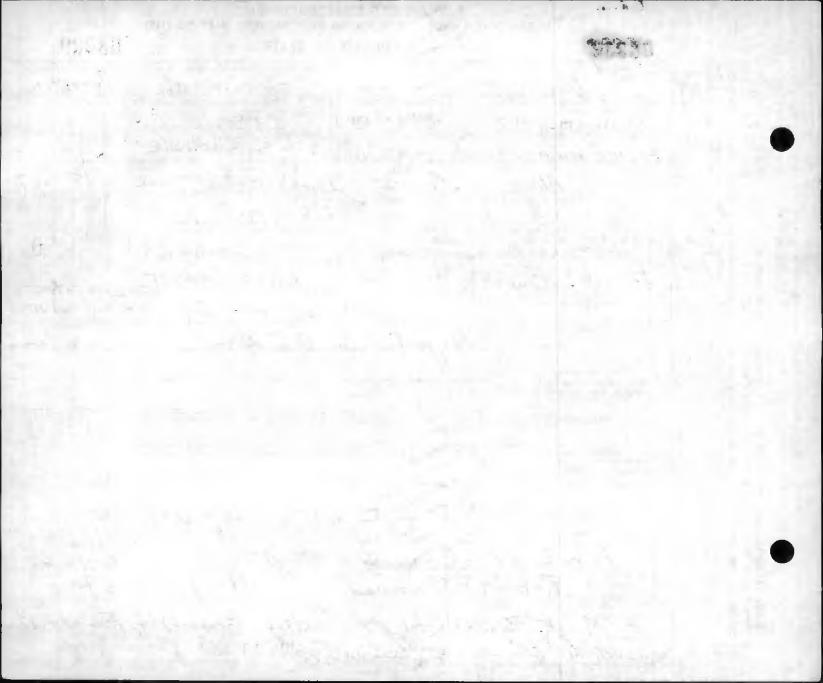
08730

	00100	00100
1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
L	Masting Ton MARYLAND	o. STATE Green castle GOUNTY Xranklin
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
L	Williams port 4 mg mo	- fa. 15.3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
L	Homewood Church Home Inc	22 So. Carlisle ON A FARM?
3.	DECEACED A.	Lost 4. DATE Month Doy Year
_	(Type or print) Alice Louise.	Darnnary DEATH June 1/ 1961
S.		8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
	WIDOWED DIVORCED	7eb 27, 1885 82 vis.
	0o. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House Keeper House Keeper	STATELINE, TAIL USH
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	Pariel Darnhart	Ruth Millet
	(S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, If Yes, no, or unknown) (If yes give wor or dotes of service)	INFORMANT Address 2750 Carron
L		marketwopper, luft, wayfait, md 21795
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY.	O 3/ O 3 INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) TERENELES	e years
	HH3X DUE TO	
	Conditions, if any, which gove) (b)	
	stating the underlying cause DUE TO	
1	last. (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0) 19. WAS AUTOPSY
80	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
ICAT	20 ACCIDENT WAS HARPINANCE TO A DESCRIPTION OF THE BUILDY OCCURRED	YES NO
ERTIF	E 200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
ALC	(IF EITHER, NOTIFY MEDICAL EXAMINER)	CC OF BUILDY ID I 206 (City or Sound) (County) IC
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAI While Not While foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)
2	p.m. of work last of work last	
	21. I certify that (I) (this haspital) ottended the deceased from	1964, ta 6-17, 1967, that (1) (we) lost the death occurred at \$55,2 M, from causes and an the date stated above.
	saw the deceased alive on 6-15 1967, and that	death occurred of 5.27 P.M., from causes and an the date stoted obove.
	220. SIGNATURE OF LOTHER M.	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	22d. ADDRESS A
	NAME (Type) Robert P. Contad	Hogers town Med
23	30. BURIAL, CREMATION, 236. DATE THEREOF, 236. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	REMOVAL (Specify) 6/21/1267 Cedar Hill (shoteLV Greencastle Franklin Bone
	24. FUNEDAL DIRECTOR ADDRESS:	256 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1	Ala Alk Monday 1400 int	SJUN 2 1 196/ Huanes Junge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove coloun papers. Pages T and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after depth. FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



08733

CERTIFICATE OF DEATH

08731

			CERTITI	CAIL	OI PEAIII			004	21	
I. PLACE OF DEATH					2. USUAL RESIDENCE (Where dece			befare odmis	sion)
O. COUNTY WASHIN	IGTON		MARYL	AND	O. STATE MARYL AN	D	b. CO	ASHING	NOTE	
b. CITY OR TOWN	(If autside corparate limits	5,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If a					
Write RURAL or	ad give nearest town)		2 WEEKS		HAGERST	OWN		71	1	
	TAL OR INSTITUTION (If no	it in hospital ai			d. STREET ADDRESS	OWIN		211	e IS RES	SIDENCE
									ON A	FARM?
	IGTON CO.					MA	ac St. Ha			
. NAME OF DECEASED	2."	rst	Middle		Last	4. DATE	Ma	inth		Year
(Type or print)	IDA	t	ELLE	A14. 1 4	RNHART	DEAT		- 45	f	967
. SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRIED	- I	B. DATE OF BIRTH		9. AGE (In years 6 dast birthday)	Manths [PEAR IF UND	SER 24 HR
F	WHITE	WIDOWED	DIVORCED	E	0/12/1899		67 yrs.	AUGULIUS C	Julys Induis	Mail
	N (Give kind af work dane		ID OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar l	foreign country)		EN OF WHAT	
ring most of working	g life, even if retired) DHILLER	CORP IND	USTRY		FULTON C	0	D E VIVIA	U.S	NTRY?	
3. FATHER'S NAME		00/11			14. MOTHER'S MAIDEN		CIVILA	101	/ 8 / 3	
O O A A O I	DADNUADT				154 5511	- 4-	0110			
	BARNHART ER IN U.S. ARMED FORCES?	T 16 C	OCIAL SECURITY NO.	17. 1	NEORMANT	EKE		dress		
	(If yes give war or dates a	f service)								
NO		217	<u> 2–10–2710</u>	A S	TANLEY FA	ITH.	BIG PO	Olan MA	RYLAN	ND.
18. CAUSE OF C	PEATH (Enter anly one cou ATH WAS CAUSED BY:	se per line far l	a), (b), and (c).)						ONSET AND	
PARI I. DO	IMMEDIATE CAUSE	(a) DR	ulomter						2 des	40
5700	DUE	TO /	Λ Λ	1			A		1	
Canditions, if an		(b) 1/	colpulus.	of	Terunum	mil	th going	rene	10 00	42
rise to immedia		TO			11		///			1
last.	The state of the s	(c)			v y					
PART II. OTHER S	IGNIFICANT CONDITIONS CO		DEATH BUT NOT RELA	TED TO 1	THE TERMINAL DISEASE CO	NDITION GI	VENTIN PART 1(a).	A 2	19. WAS AL	
1) Milus	7) - 4	- 1	1	0	1 - 10	. /	1 2 1	betsie	PERFOR	RMED?
2Do ACCIDENTING	S UNDERLYING		color now willow acc	LIBBEN	(Enter nature at injury in	Dank I am B		9 0000	1 103	NO (
OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)	200. 003	CRIBE HOW INDOCT OCC	UKKED.	friter tratate at inforkent	rgii i di r	uit it ut tient 10.)			
20c. TIME OF IN. Haur 'o	JURY Month, Day, Year				CE OF INJURY (Home, for		(City or town)	(Caun	ty)	(Stote)
E NOOT O	.m. 19	While of wark	Not While of work	TOCH	ary, street, office bldg., etc.)				
21 L cert	ify that (I) (this has			rom		19	to death	19	_, that (1)	(we)
	leceased alive an	June .			death accurred at					
22g. SIGNATORE		0.		-	_			22b. DAT	E SIGNED	
1	Men c 1	1		1.M	ATTENDING DE PHYS.	MED. DIRECTOR	STAFF PHYS. [
22c. PHYSICIAN	5	1	1	17720	22d. ADDRESS	Ditteron	71113.		-	
NAME (Type	Dr. John C	. Stuaf	fer		145 S. I	rospe	ect St. H	lagersto	own, Mo	1
Bo. BURIAL, CREMAT	ION, 23b. DATE THE	REOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d.	LOCATION (City or	Tawn) (C	aunty)	(State)
REMOVAL (Specif	v) 6/6/6	7	DRECOVER	D 1 4		MAD				
24. FUNERAL DIRECT		-	PRESBYTE	HIA	A ZSO. REC	D BY REGIS	FARDS BU	REGISTRAR'S SIG	MATURE N	PA
Hr	0 2 4	0	11	1			1007 00	tionles	Judge	
DIFFIX 1	W. 11 2711	2001	11 Km 12 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.4	mod delin	9	1001 /		11 0	

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VR A15 (4) 25M 1/67

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeful director, page 3 shauld be detached for use as the burial-transit permit. Then please remove care a papers. Pages 1, and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

02722

001								
1. PLACE OF OEATH q. COUNTY Washingt	ion		MARYLAND	2. USUAL RESIDENCE o. STATE Maryle		ed, if institution: b. COUNTY Washir		e odmission)
b. CITY OR TOWN	(If outside corporate limit ad give nearest tawn)	5,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside corparate lim	its, write RURAL	and give neares	I town)
			3 Months	Hagers	stown		21.1	
	TAL OR INSTITUTION (If so	, ,	ive street address)	d. STREET ADDRESS				B. IS RESIDENCE ON A FARM?
Reeder I	Mursing Home	3		229 W	Frankli	n St.		YES NO X
3. NAME OF DECEASED	F	rst	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print)	Fran		Thomas	Barr	DEATH		9,	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	lost		Anths Days	Hours Min.
Male	White	WIDOWED		July 14, 18	389	77 yrs.	10 25	
10o. USUAL OCCUPATIO during most of working Tavern R	N (Give kind of work done plife, even if retired)	E INC	ND OF BUSINESS OR DUSTRY R Vern	11. BIRTHPLACE (Count	y & State, arfareign of wm . Mary:		12. CITIZEN OF COUNTRY?	
13. FATHER'S NAME	teeber	7.0	140111	14. MOTHER'S MAIDEN		ratin	0. 3.	Α.
Frank T.	Rem			Managana	t Malott			
IS. WAS DECEASED BY	ER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO. 17.	INFORMANT	o Patocc	Address		
(Yes, na, ar unknown)	(If yes give wor or dates		- 32- 5597 Ge	eorge T. Bar	r. Red.	. Keeds	rovilla.	MA -
	PEATH (Enter only one con ATH WAS CAUSED BY: IMMEDIATE CAUSE	A	(a), (b), and (c).)	nesis	unt	h		ERVAL BETWEEN
Canditians, if an rise to immedia stating the undust.	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Y, which gave to cause (a), erlying cause	(o) 77 TO (b) 10 (c)	Cerebra	l haon	wit	h	3	Lary >
Conditions, if on rise to immedia stating the und last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Y, which gave to cause (a), erlying cause	(o) 77 TO (b) 10 (c)	(a), (b), and (c).) Considerate of the constant of the consta	Chapter THE TERMINAL DISEASE CO	ANTE	PART 1(a)	ON 3	
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Conditions, if one rise to immedia stating the und lost. PART II. OTHER S 20a. ACCIDENT W. (IF EITHER, NOTIFE THERE, NOTIFE THERE, NOTIFE THE OF IN. Hour a	ATH WAS CAUSED BY: IMMEDIATE CAUSE Y, which gave the couse (a), erlying cause DUE DISIGNIFICANT CONDITIONS (COUSE) AS UNDERLYING G G CAUSE OF DEATH MEDICAL EXAMINER JURY Month, Day, Year	(a) 77 TO (b) 10 (c) 10 ONTRIBUTING TO 20b. DES	O DEATH BUT NOT RELATED TO CORIBE HOW INJURY OCCURRED UNRY OCCURRED Not While To		n Port I or Part II af		ON 3	WAS AUTOPSY PERFORMED?
Canditions, if any rise to immedia stating the und lost. PART II. OTHER S 20a, ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF IN. Hour a p. 21. I cert saw the company to t	AS UNDERLYING CAUSE AS UNDERLYING CAUSE AS UNDERLYING CONDITIONS OF CAUSE OF DEATH Of MEDICAL EXAMINER) JUNEAUSE OF DEATH OF MEDICAL EXAMINER JUNEAUSE OF DEATH	(a) (b) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	O DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRED UNRY OCCURRED of work ded the decagged from	ACE OF INJURY (Hame, fa kctary, street, alfice bldg., et	rm, 20f. (City c.)	item 1B.) y ar town)	(County) (County) , 1967, the	WAS AUTOPSY PERFORMED? (State) at (I) (we) lase stated above
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Canditians, if any rise to immedia stating the und last. PART II. OTHER SOME CONTRIBUTION (IF EITHER, NOTIF) 20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF) 21. I cert saw the certification of the certification o	ATH WAS CAUSED BY: IMMEDIATE CAUSE IMMEDIATE CAUSE TO USE Y, which gave the couse (a), erlying cause BIGNIFICANT CONDITIONS (COUSE) AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) BURY Month, Day, Year In. 19 Ify that (1) (this has beceased alive on performance) S COUNTY (COUNTY) ON, 23b. DATE THE 6 12	(a) (b) TO (c) ONTRIBUTING TO While of work of the Control of the	O DEATH BUT NOT RELATED TO COCRIBE HOW INJURY OCCURRED DURY OCCURRED of work led the deceased from 19 6 7, and from A	ACE OF INJURY (Hame, factory, street, alfice bldg., et at death accurred a ATTENDING PHYS. 22d. ADDRESS R CREMATORY	Port or Part of rm, 20f. (City c.) 1962, to part 1962, to part 1963, M., fro MED. DIRECTOR 23d. LOCATIO	or town) Automorphys. N (City or Town)	(County) (County) (County) (County)	WAS AUTOPSY PERFORMED? (State) (State) (State)

THE STATE OF THE S

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08735 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o COUNTY WASHINGTON MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
RURAL HAGERSTOWN 2 MONTHS CHAMBERSBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? AVALON MANOR CONVALESCENT HOME YES NO V EAST CATHERINE Middle DATE NAME OF First tost Day Year DECEASED CHARLES S. BENDER (Type or print) DEATH JUNE IF UNDER 1 YEAR SEX AGE (In years 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs Hours MALE WHITE DIVORCED 29 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
RETIRED FARMER INDUSTRY ELF-EMPLOYED COUNTRY? FRANKLIN CO. PENNSYLVAN II.S I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM A. BENDER MARION BURKHOLDER 6304dest Catherine Stre 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Charles S. Bender - Chambersburg Pa. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Thrombosis IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove Artoriosclerotic Carebro Vascular Disease rise to immediate couse (a) DUE TO stoting the underlying couse eriosclerosis - Seneralized lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN M PART 1161 WAS AUTOPSY PERFORMED? oscleratic HEBYT D25921 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INIURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) at work 21. I certify that (1) (this hospital) attended the deceased from June 1967, to Kune 19 67, and that death accurred at 1.30 PM, fram causes and an the date stated above. saw the deceased alive an tone 20 22o. SIGNAFURE ATTENDING STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S HOFFMAN. M.D. POTOMAC ST. HAGERSTOWN, MD. LLOYD 214 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify)
BURIAL LINCOLN CEMETERY CHAMBERS BURG . FRANKLIN 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS**

CHARLES M. ROUZER, HAGERSTOWN, MARYLAND

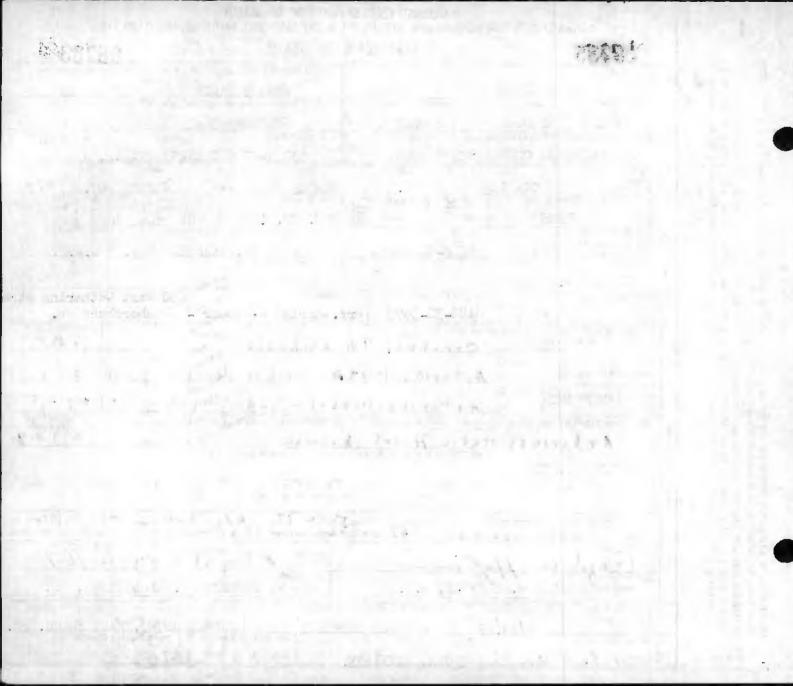
Charles

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death physician ond completely filled in by the funeral en please remove carbon papers. Pages 1 and papers. Pag hin 72 hours o within 72 ent ond in ony attending permit. The 0 cremation, signed by the buriol-tronsit by the hospitol or ottending physician. burial, for use as the t Health prior to b TO FUNERAL DIRECTOR: After this certificate has been of detoched Dept. State | 3 should with the be retained director, page 3 should be filed v Poge 4 may 20 M 1/66

death

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Washington **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits E LENGTH OF STAY IN 16 write RURAL and give nearest town ers HOSPITAL IS RESIDENCE! ON A FARM? OR INSTITUTION haspital, give street address) d STREET ADDRESS NO X Z3Y NAME OF DECEASED 4 DATE Month Lost Day Year OF DEATH 6 (Type or print) 19 6 1 S. SEX 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Dovs Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHRLACE (County & State, or foreign country) 12/ CITIZEN-QF WHAT during most of working lift 13 FATHER S MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (fes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per one for (g) INTERVAL BETWEEN , (b), and (c).) PART I. DEATH WAS CAUSED BY: NIUMONIA IMMEDIATE CAUSE (a) DUE TO CARCINOMATOSIS Conditions, if any, which gave rise to immediate couse (a), DUF TO stating the underlying cause last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 📈 NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of minuty in Part I or Part II of item 18.) 20o ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

DATE THEREOF

21. I certify that (1) (this haspital) attended the deceased fram_

20c TIME OF INJURY Month, Day, Year

saw the deceased alive an

Hour a.m.

22g SIGNATURE

22c. PHYSICIAN'S

230 , BURIAL, CREMATION

be executed within 24 haurs after death.

PHYSICIAN: The law requires that the death con

O HOSPITAL OR ATTENDING

be retained

or attending

funeral

ve carban papers. Pagest event, within 72 haurs after campletely filled in by the

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attending physician (permit. Then please

signed by the burnal-transit

this certificate has been d far use as the af Health priar ta

TO FUNERAL DIRECTOR: After

VR A15 (4) 25M 1/67

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director, page should be filed

MEDICAL

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burial

20d INJURY OCCURRED

at work

Not While

at wark

2Ge PLACE OF INJURY (Hame, farm factory, street, affice bidg, etc.)

22d,

ADDRESS DOD

M.D

NAME OF CEMETERY OR CREMATORY

(City or town)

1967 to

DIRECTOR

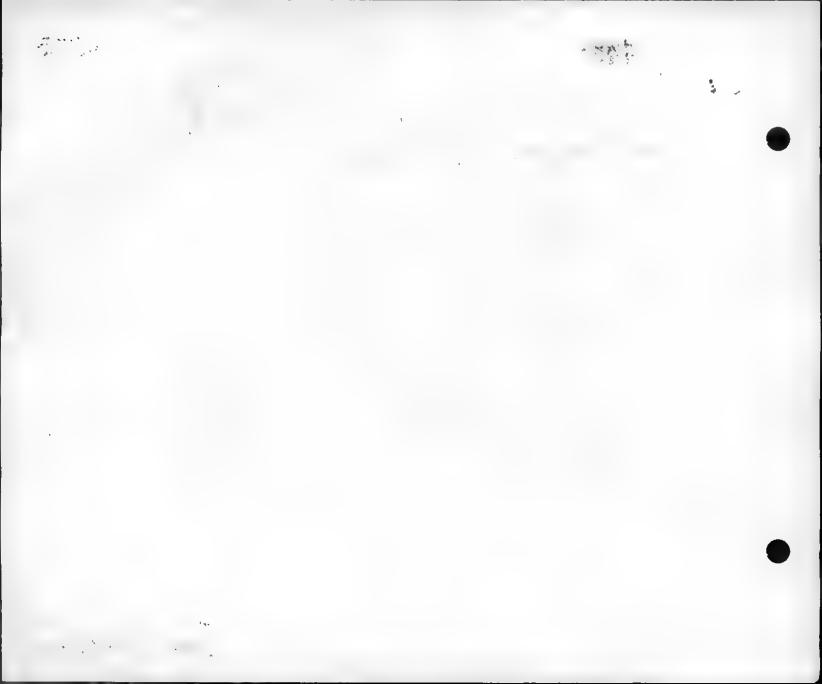
(County)

(State)

and that death accurred at // A-M, from causes and an the date stated above

22b. DATE SIGNED

CATONATUS or Town) Druggesty



CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY Washington Maryland Washington County MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 16 166 days Hagerstown Rural Big Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Western Maryland State Hospital YES NO 3. NAME OF lost 4. DATE Month Doy DECEASED 0F Bishop 26 19 67 Ernest June (Type or print) James DEATH S. SEX B. DATE OF BIRTH 6 COLOR OR RACE AGE (In years IF JNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday! Male White WIDOWED DIVORCED May 2, 1906 1Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CFT ZEN OF WHAT during mast et worlding life, even if retired) Rayroad COUNTRY? Fulton County, Pa U.S 13. FATHER'S NAME Emma Martin Isaac Bishop IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, negorunknown) (If yes give wor or dates of service) 204-03-8507 Mrs Mary Bishop Big Spring. Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART 1. DEATH WAS CAUSED BY: U ONSEL AND DEATH Carcinomatosis IMMEDIATE CAUSE (o) **DUE TO** 18 mos. Conditions, if ony, which gove Carcinoma of lung nse to immediate couse (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO X 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CLICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. factory, street, office bldg., etc.) ot work 21 I certify that (I) (this Kaspital) attended the deceased fram 19 67 to 6/26 19.67, and that death accurred att: 30AM, fram causes and an the date stated above. saw the deceased alive on 6/26 22o. SIGNATURE 226 DATE SIGNED June 26, 1967 DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Nevardo T. Layzequilla, M.D. 1500 Pa. Ave., Hagerstown, Maryland 23g. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) June Rest Hagerstown

Haven

Spring.

2So REC'D BY REGISTRAR

MdlDATE

ADDRESS

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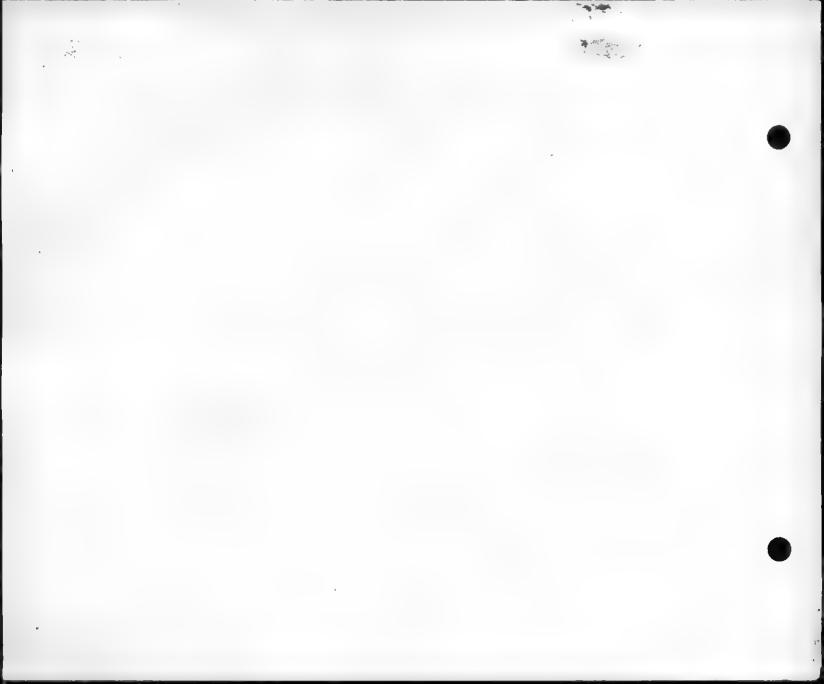
Wash

REGISTRAR'S SIGNATURE

24 haurs after death and death funeral I and ad in by the fun pers. Pages 1 72 haurs after d 00 **INYSMIAN:** The law requires that the death certificate be executed within and in any burial, crematian, ar remaval, burial-transit signed by t ar attending After this certificate has been be detached far use as the State Dept. af Health priar ta After be retained DIRECTOR: To FUNERAL DIRE
director, page 3
sbould be filed v

VR A15 (4) 1 25M 1/67

24 FUNERAL DIRECTOR





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Page 4 may Le retained by the haspital or atteniling physician.

TO HOSPITAL DE ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death.

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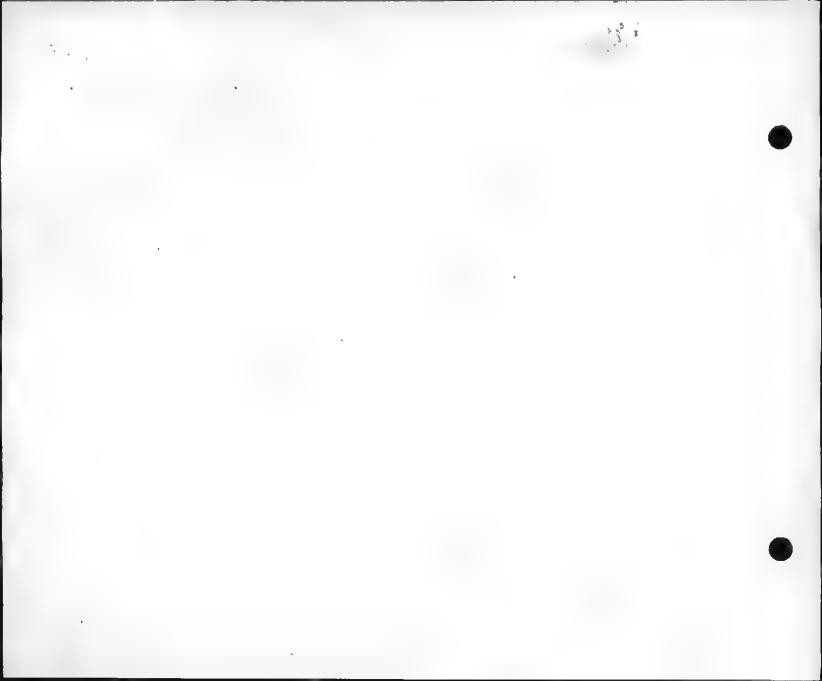
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08738		CERTIFICATE OF DEATH				08736				
1	a. COUNTY WAS	HINGTON		MARY	/LAND	2 USUAL RESIDENCE (n Residence htgome		
	b CITY OR TOWN (If a write RURAL and an HAC	ERSTOWN)		C LENGTH OF STAY I	N lb	CCITY OR TOWN (IF or Takoma I		mits, write RURA	at and give	neorest tawn)	
	d NAME OF HOSPITAL WESTERN MA					d street address 244 Parl	c Avenue			e IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)	Isabe	ıst lle	Middle T.		Lost Booker	4. DATE OF DEATH	Month June		Doy Year 8 19 67	=
S.	SEX 6 Female	White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	9. At	GE (In years ost Muladay) Yrs	IF UNDER 1 Y	EAR IF UNDER 24 HR Days Haurs Mir	
du	e JSUAL OCCUPATION (G uppg most of working life HOUSEWLIE	ive kind of work done , even if refired) _ / UPS @		OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County Wayne Cou				EN OF WHAT URY? A	
	E FATHER'S NAME Zat Copley					May Hard	wiek				
()	was deceased ever it (es, not of unknown) ((If	US ARMED FORCES? yes give war ar dates o	f consum V	OCIAL SECURITY NO	14/	RS ALL	ANN	RICHAR	St.	2	
	18. CAUSE OF DEAT PART I. DEATH	H (Enter anly one cou WAS CAUSED BY IMMEDIATE CAUSE	Dmo		eumon	ia Bilatera		ONSH AND DEATH			
	Conditions, if only, wi	nuse (n)	(b) Art	erioscler	osis,	General		Unknown			
	stoting the underlyi	ng couse	(c)							<u> </u>	
CERTIFICATION	PART II OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN	PART 1(o)		19 WAS AUTOPSY PERFORMED? YES TO NO	
	200 ACCIDENT WAS UN OR CONTRIBUTING (I (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OF	CCURRED (Enter nature of injury in	Part I or Part II	of item 18.)			
MEDICAL	20c TIME OF INJURY Hour a.m. p.m.	Manth, Day, Year	20d IN While at wark	JURY OCCURRED Nat While of work		E OF INJURY (Home, farn rry, street, affice bldg., etc.		ity ar fewn)	nuo))	ty) (State)	
	saw the dece	that (I) (this has ased alive on	pitol) ottend June 8	ed the deceased th. 1967, c	from J and that	lanuary 11, I deoth occurred of	19 66 , to_ 10 AM, fi	June 8,	nd on the	date stated abo	os ve
	22a. SIGNATURE	Jays	Jem	R	M D		MED DIRECTOR I	STAFF PHYS.	6/9	/67	_
	mane (ripe)			a, M.D.		He	agerstow	n, Mary	land	e Hospital	ام ا
4	a BURIAL, CREMATION, REMOVAL (Specify)	236 DATE THI	161		1676	NATE	1-11	ON (Stry or Town	' '	oung) (State)	
1	FUNERAL DIRECTOR	MAPLER.	5.5	ADDRESS	mg	ma 250. RECT	1 2 196	7 25000	STRANG SIG	Julige	

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

- 6		0873		CERTIFICATI	E OF DEATH		68737
	1	PLACE OF DEATH o. COUNTY	Washington	MARYLAND	FT 4 TH	Where deceased lived, if institut b. COUI	vion: Residence befare admission) NTY Wash.
haurs afte n by the s. Pages haurs afte		b CITY OR TOWN (I wante RURAL and Hagers	f autside carparate limits, i give nearest town) COWN	45 years	Hagerst	utside carparate limits, write RUI OWN	-11
filled in papers.	1		AL OR INSTITUTION (If not in hospita, gton County Ho	,	715 Vir	ginia Ave.	e IS RESIDENCE ON A FARM? YES NO
campletely fi		NAME OF DECEASED (Type or print)	Walter	Middle Francis	Bowers	4 DATE Mont OF DEATH	June 27, 1967
executed with		male	6. COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	8 DATE OF BIRTH 9-9-97	9 AGE (In years last birthday) 6 9 yrs.	Manths Days Hours Min
icate be ex sicion and please rem i, and in an	dı	ring most of working SUPORVI		IND OF BUSINESS OR ND-STRY Ilroad	Bedding	& State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
th certificate be ding physician Then please removal, and i		3. FATHER S NAME	John P. Bower		14 MOTHER'S MAIDEN	Sallie La	aidlaw
ottending permit. I	11	(es, no, ar unknawn) y o S	R IN U.S. ARMED FORCE S? (If yes grye-war or dates of service)	SOCIAL SECURITY NO 17. 5-10-6815A	Isabel Bo	wers, Hager	~ ~ ~
es that the death certificate be executed within 24 haurs after death ician. Ed by the attending physician and campletely filled in by the function of the property permit. Then please remave carban papers. Pages 1 3 death it, crematiall, or removal, and in any every within 72 haurs after death		PART I DEAT	DUE 10	ngestive fa			3 ONST AND DEATH
aw requinding physbeen signed the purical arta burie		Canditions, if any use to immediat stating the under last	e cause (a), rlying cause (c)		ar disease		
: The I or affer has use as	/ NOTE	PART II OTHER SI	GNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION G VEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES ** NO
PHYSICIAN e haspital of his certificat stached far Dept. of Hec	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) 20b. D	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18)	
ာ ≑ _ မူစာ	MFD1CAL	p.1	n White n. 19 of wal	erk at White for	ACE OF IN.URY (Hame, farr story, street, affice bldg , etc)	(County) (State)
ATTENDIN stained by CTOR: After shauld be ith the Sta		saw the de	fy that (I) (this hospital) atten eceased alive an June_2	ided the deceased from	Jan. , at death accurred at	19 63, to June M, fram causes	and on the date stated above
y be reto y be reto L DIRECT age 3 sh filed with		22a SIGNATURE 22c. PHYSICIAN S	found 41	Who M	D ATTENDING PHYS. 22d. ADDRESS	MED STAFF DIRECTOR PHYS	22b DATE SIGNED 6/28/67'
HOSPITAL ge 4 may FUNERAL rector, poi		NAME (Type)	Howard N. We			580 Norther Hagerstown,	Maryland
Page 4 may be re TO FUNERAL DIREC director, page 3 should be filed w		BUR AL CREMATIC	6-29-67	Rest Have	n Cemetery	_	wn, Md.
VR A15 (4)		4. FUNERAL DIRECTO	R Tunanal Home	ADDRESS	- Mar ell REC		EGISTRAR S SIGNATURE



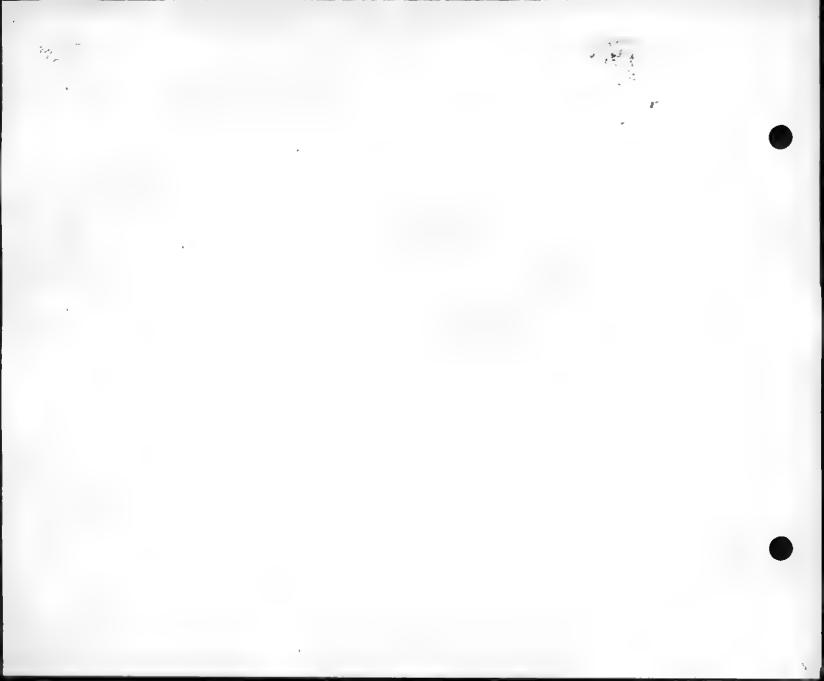
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08740 CERTIFICATE OF DEATH

03738

1.	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)							
	o. COUNTY	Washington		MARYLA	IND	o. STATE Mc		b. cou	We	ash.	
	b CITY OR TOWN (If outside corporate imits,		c. LENGTH OF STAY IN	16	CEITY OR TOWN (If ou		rate limits, write Rl	IRAL and give	negrest	tawn)
	rural	hagerstown		10 month	15	Smiths	burg		21	1.1	
Г		AL OR INSTITUTION (If not in I	haspital, g	ive street address)		d STREET ADDRESS				e	IS RESIDENCE ON A FARM?
		ship Manor				S. Mair	n St	•		YE	
3	NAME OF DECEASED	First		Middle		Last	4 DATE	Mar		Day	Year
	(Type or print)	Fann	1 e			Bowser	DEAT		June	23,	
1	SEX		MARRIED	NEVER MARRIED		DATE OF BIRTH		9 AGE (In years	Months	YEAR !	Hours Min
	female		IDOWED			5=18-73		91 pirthday) Yrs			
10c	USUAL OCCUPATION	(Give kind of work dane		ND OF BUSINESS OR Dustry		11. BIRTHPLACE (County				IZEN OF V INTRY?	WHAT
L	ing most of working	vlfe		Wolfsvil	Lle,	Md.	(00	mik!:			
13.	13. FATHER'S NAME Ephriem Frey					14. MOTHER'S MAIDEN I					
L	Ephriem Frey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1.6. SOCIAL SECURITY NO 1.77							Mary Cat	therin	ne 1	roxell
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO		IFORMANT		Add			
1,,,	no	(If yes give wor or dates of serv	ice,	none	Fε	nnie Bows	ser,	Smiths	ourg,	Md.	
	18. CAUSE OF DI	ATH (Enter only one cause pe	f line, fog	(a), (b), and (c).)			. 0	t	1		VAL BETWEEN
	PART I DEAT	TH WAS CAUSED BY: JMMEDIATE CAUSE (a)	//	spester	-	10 C.V	LV	10:		ONSE	I AND DEATH
	443>	DUE TO	-	11							- June
	Conditions, if any,		/	1/							*
	nse to immediat	e cause (a), (Dur 70		4							
1	stating the under	(c)									
_	PART II OTHER SH	GNIFICANT CONDITIONS CONTRI	BUTING TO	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	ND TION GI	VEN IN PART 1(a)		19 V	VAS AUTOPSY
ĮĘ.								,		YES	ERFORMED?
15	20a ACCIDENT WAS	LINDER!YING.	20h DES	CRIRE HOW INJURY OCC.	IRRED (Enter nature of injury in	Post Lar P	nd II of stem IR \		1113	<u> </u>
E	OR CONTRIBUTING	☐ CAUSE OF DEATH		THE HOTE HOOK VOL	, ,,,,,,,,,	chief house of importy of	· di i · di i	ar ii ar keii 10 j			
MEDICAL CERTIFICATION		MED/CAL EXAMINER) JRY Month, Day, Yeor	20d IN	JURY OCCURRED 20	Na PIAC	E OF INJURY (Home, form	1 20f	(City or tawn)	{Cour	ntv)	(State)
WED	Haur o.n	٦.	While	Not While		ry, street, affice bldg., etc.)		(co) or identy	(cool		famel
	21 L cortil	y that (I) (this hospital	at wark		am	6-1-66	9	to (c= 7	2 10 4	/sha	t (I) (we) lost
		econsed alive on <u>co</u>	-10	19.6.2, an	d that	death occurred at		M, from causes			
	220 SIGNATURE	1 0	./	2					22b. DAT	TE SIGNED)
	/[akest.	Y	omad	M.D	ATTENDING PHYS.	MED. DIRECTOR	PHYS.] 6	~2	3-67
	22c. PHYSICIAN S NAME (Type)	Rober	45	COTITE	त्र	22d ADDRESS	Ha	geroto	-0×1, 1	lucal.	,
230	. BURIAL, CREMATIC			23c. NAME OF CEMETE				LOCATION (City or To		County)	(State)
	PEWOYA! South	6-26-6	7	Ringgold	L C∈	emetery	R	inggold,	Md.		
24	Minnich	Funeral H	om o	ADDRESS		25o. REC'C	BY REGIS		EGISTRAR'S SIC		Judge
1		- amorat m	ome è	magersto	WILL,	Md. MIE	N Z	6 1967	1	0	1 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit! The please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after deptit removal Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

DATE SHIN 26 1967



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08741 CERTIFICATE OF DEATH in by the funeral rs. Pages 1 and 2 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission, o. COUNTY b. COUNTY WASHINGTON MARYLAND PENNSYLVANIA FULTON b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1. HANCOCK, MARYLAND RURAL HANCOCK IN AMBULAND popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 04 EN ROUTE TO HOSPITAL SAME AS C NAME OF Middle Lost 4. DATE Month DECEASED
(Type or print) FILMER WILLIAM BURTON JUNE DEATH S SEX AGE (In years 6 COLOR OR RACE 7. MARRIED K 8. DATE OF BIRTH **NEVER MARRIED** Jast birthday) 9 MALF /8/1909 duy WHITE WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician a during most of working life, even if retired) INDISTRY buriol, cremation, or removal, and ULTON CO. . PENNA. LABORER CONSTRUCTION 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ISSIAH BURTON KATHRYN BISHOP IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) I(If yes give war or dates of service) JOSEPHINE NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY signed by the buriol-trons IMMEDIATE CAUSE (a) þ DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause peen the last. hos PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) certificote 20n ACC DENT WAS LINDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I) of item 181 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20e, PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Day, Year 20d INTERY OCCURRED (City or town) Hour 'a.m. factory, street, affice bldg., etc.) ot work After at wark 21. I certify that (1) (this haspital) attended the deceased from April 11, 19 66, to Quen. 1967, and that death accurred at 7:0 M. from causes and on the date stated above. saw the deceased alive an Mou DIRECTOR: 220 SIGNATURE STAFF PHYS DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) Main St., Hancock. 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. £OCATION (City or Town)

requires that the death certificate be ATTENDING PHYSICIAN: be retoined director, page shauld be filed O HOSPITAL O FUNERAL VR A15 (4) 25M 1/67

24 hours after deoth.

executed within

24. FUNERAL DIRECTOR HOWARD GROVE HANGOCK. MARYLAND

BLACK OAK MENNON

REMOVAL (Specify)

THE RICHSTRAR'S SLOVATURE IN

(County)

22b DATE SIGNED

6-6687

e +S RESIDENCE ON A FARM?

167

JESINDER 24 HRS

HANCOCK

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS PERFORMED? NO.

(State)

YES

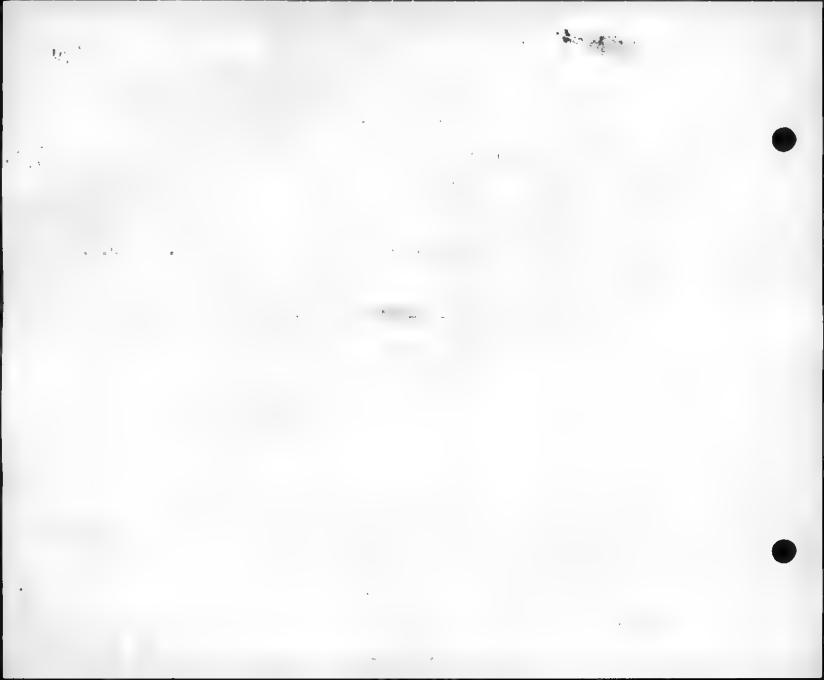
Dov

12 CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

NO X



087	48	CERTIFICA	TE OF DEATH		08740		
1 PLACE OF DEA	TH			Where deceased eved, if institution			
O. COUNTY	INGTON	MARYLAND	g. STATE MARYLANT	b. COUNTY WASHII			
	/N (If autside carparate fimits,	c LENGTH OF STAY IN 1b	1011 414 4 10 12 17 17 4	utside carparate limits, write RURAL			
	and give nearest town)	t weeke			1, 1		
	RSTOWN SPITAL OR INSTITUTION (If not i	P WEEKS	d STREET ADDRESS	SPURT	e IS RESIDENCE		
	,	, , ,			ON A FARM?		
	INGTON CO.			ALISBURY ST.	YES NOXX		
3 NAME OF DECEASED	First	Middle	East .	4 DATE Manth	Day Year		
(Type or print)	LOUIS		BUSCH	DEATH JUNE	20 19 67		
5 SEX	6. COLOR OR RACE	. MARRIED 🔲 NEVER MARRIED 🔀	B DATE OF BIRTH	1 1 1 1 1 1 1 1	FUNDER I YEAR		
MALE	WHITE	WIDOWED DIVORCED	MAY 21, 18	385 82st birthday) yrs.	Noise on the state of the state		
	TION (Give kind of work dane	105 KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CIT ZEN OF WHAT		
during most of work	king life, even if retired)	INDUSTRY	MARTINSHI	JRG. W.VA.	COUNTRY?		
13. FATHER'S NAN			14. MOTHER'S MAIDEN	NAME			
	LIP BUSCH		ROSALIN				
	EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO	17. INFORMANT	Address			
(Yes, na, ar unknav	vn) (If yes give war or dates af s	ervice)	IRS VICTOR		AS 8. 2D.		
NO			INS VICTOR	CASILE SAME			
	F DEATH (Enter only one couse DEATH WAS CAUSED BY:	A	1 Beach	2	INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIATE CAUSE (a)		Brong	ence J	1 igni		
	DUE TO						
	ony, which gave) (b						
	nderlying cause DUE TO						
lost) (()					
PART II OTHE	R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL D SEASE CO	INDITION GIVEN IN PART I(a)	19 WAS ALTOPSY PERFORMED?		
0110					YES NO X		
200 ACCIDENT OR CONTRIBUT	WAS UNDERLYING []	205 DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Part I or Part 11 of Item 18)			
OR CONTRIBUT	FING CAUSE OF DEATH						
LIFETIMEN, NO	TIFY MEDICAL EXAMINER) INJURY Month, Day, Year	20d INJURY OCCURRED 20e	PLACE OF INJURY (Home, for	m. 20f (City or town)	(County) (State)		
20c TIME OF	r a m.	While - Not While -	factory, street, office bldg , etc		(333)		
	p.m. 19	ot work U ot work U			2505/6/335000		
	2 17 1	ial) attended the deceased from		19 67, to fine.			
	e deceased alive an	400 x 20 19 61, and	that death occurred a	1 Z. 7372M, Traph causes an	d an the date stated above		
22a. SIGNAT	URE &	and of	ATTENDING	MED STAFF	22b. DATE SIGNED		
		Edanis Mura	MAD. PHYS	DIRECTOR L PHYS			
22c. PHYSICI	AN'S	. /	22d. ADDRESS				
ideliste ((Ype) Dr. Edson B	Moody	145 S. J	Prospect St. Hag			
230 BURIAL, CREA				23d LOCATION (City or Town	(County) (State)		
REMOVAL (Sp	ecify) 6/22/6	7 RIVERVIEW	CEMETERY	WILLIAMSPOR	T. WASH. MD.		
24 FUNERAL DIR		ADDRESS	CEMETERY 250. REC	D BY REGISTRAR 255. REGIS	STRAR'S SIGNATURE		
HOWAR	D J. GROVE	WILLIAMSPORT	MD BATE	TIN 2 6 1007 7	Charles Indee		

WILLIAMSPORT, MD.

VR A15 (4) 25M 1/67

TO HOPPITAL OF ATTEMBING PHYSICIAN: The law requires that the douth certificate be executed within 24 hours after death;

Page 4 may be retained by the nospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and completely filled in by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please-remaye carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

ne de



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

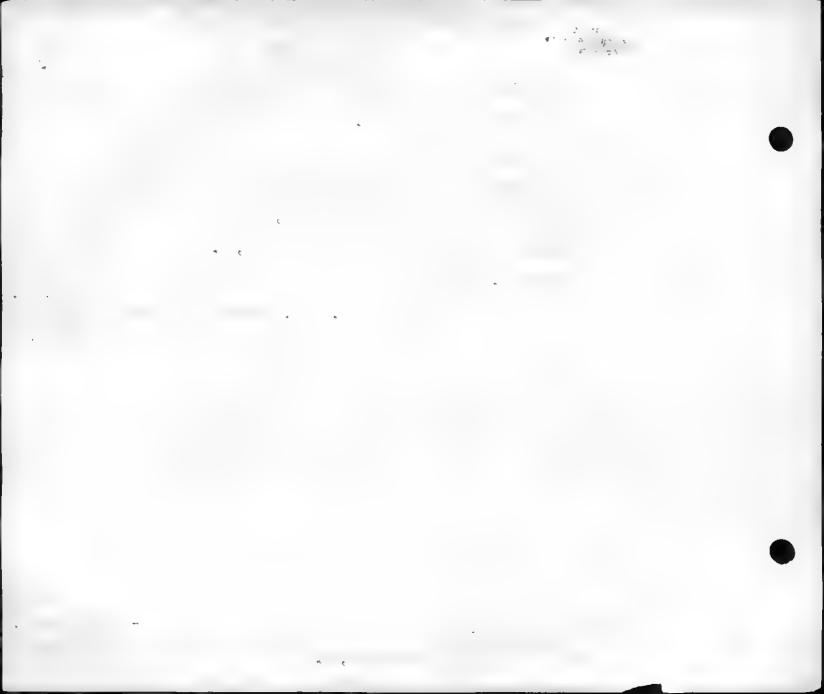
08743

CERTIFICATE OF DEATH

08741

1. PLACE OF DEATH			CERTIFICAT	E OF DEATH		ODEXX
g, COUNTY				O STATE	h com	tion Residence before admission)
U. COUNTT	Washington	n	MARYLAND	Plary	land	Washington
b CITY OR TOWN	(If autside carparate imi	its, c	. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If at	utside carparate limits, write RU	RAL and give nearest town)
WITTE KUKAL DI	nd give nearest tawn) **Rogerstown**	n	50 yrs	Hage	erstown	.11
d. NAME OF HOSPI	TAL OR INSTITUTION (IF I	at in hospital, give	street address)	d STREET ADDRESS		e IS RESIDENC ON A FARM
Wast	rington Com	nty Hospa	ital	1244	Ravenwood Her	ights YES NO
NAME OF DECEASED	F	ırsŧ	Middle	Last	4. DATE Mon	th Day Year
(Type or print)	9.	ra	Shafer	Coffman	DEATH June	
S SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)	Months Days Hours /
Male	White	WIDOWED	DIVORCED [March 5.189	4 73 yrs.	monnes pols Lugars &
100 USUAL OCCUPATION	N (G ve kind at wark done	e 106 KIND	OF BUSINESS OR	11 BIRTHPLACE (County	& State, at fareign country)	12 C TIZEN OF WHAT
during man of warking	e Manager	Auto	Haency	Gairpla	4.Md.	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Charles	D. Cottma	2	EA	telle Shafer Addr	
IS WAS DECEASED EV				INFORMANT	Addr	ess Hagerstown. M
(Yes, ng, or unknown)	ER IN L.S. ARMED FORCES? (If yes give war ar dates	of service) 214.		* Ora S Catt	man 1244 Raver	wood Hoights
	DEATH (Enter only one co			as race o. coss	MOUTE 1 CTT I COURT	INTERVAL BETWE
PART DE/	ATH WAS CAUSED BY	/	1 1/1-1-1	11 01	Muna	ONSET AND DEAT
500	MMEDIATE CAUSE	* *	corrunge	Ca Jour	all the same	n 0/10
		E TO			, ,	
L Conditions, if on	v. which dave a	fl 5				
Conditions, if on rise to immedia	to course (n)	(b)				
rise to immedia stating the und	ite cause (a), (E TO				
nise to immedia stating the und last	te cause (a), erlying cause	(c)	DOLLAR BUY NOV BELLVED TO	THE PERSONAL DURANT	MIDITION COURS of DARWAY	LIO MIACAUTORS
rise to immedia stating the und last	te cause (a), erlying cause	(c)	DEATH BUT NOT RELATED TO	THE TERMINAL DISCOSE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPS PERFORMED?
rise to immedia stating the und last	ote cause (a), erlying cause DUE	E TO (c) CONTRIBUTING TO C	edir og	1 Kgs	merity.	PERFORMED?
nise to immedia storing the und lost PART II. OTHER STATE OR CONTRIBUTION OF	te cause (a), erlying cause	E TO (c) CONTRIBUTING TO C	edir og	1 Kgs	NDITION GIVEN IN PART 1(a) Port I or Port II of Item 18 }	PERFORMED?
nise to immedia storing the und lost PART II. OTHER STATE OR CONTRIBUTION OF	AS UNDERLYING DEATH ST MEDICAL EXAMINER WENT MEDICAL EXAMINER JURY Month, Day, Year	E TO (c) CONTRIBUTING TO E 20b DESCR 20d INJUI	IBE HOW INJURY OCCURRED RY OCCURRED 20e PL	. (Enter nature at injury in	Port I of Part II of Item 18 }	PERFORMED? YES NO
nise to immedia stating the undidest PART II. OTHER S 20a ACCIDENT W/ (IF EITHER, NOTH) 20c TIME OF IN Hour of	AS UNDERLYING DEATH ST MEDICAL EXAMINER WENT MEDICAL EXAMINER JURY Month, Day, Year	E TO (c) CONTRIBUTING TO C 20b DESCR 20d INJUI While	IBE HOW INJURY OCCURRED RY OCCURRED Not White 10	(Enter nature of injury in	Port I of Part II of Item 18 }	PERFORMED? YES NO
PART II. OTHER S POR CONTRIBUTION (IF EITHER, NOTH) 20c TIME OF IN Hour o p	AS UNDERLYING COUSE AS UNDERL	E TO (c) CONTRIBUTING TO C 20b DESCR 20d INJU While of work	IBE HOW INJURY OCCURRED RY OCCURRED Not White 16	. (Enter nature at injury in	Port I of Part II of Item 18 }	PERFORMED? YES NO (County) (Sta
NOTED THE STATE OF IN HOUR OF PART IN OTHER STATE OF IN HOUR OF IN	AS UNDERLYING COUSE AS UNDERL	E TO (c) CONTRIBUTING TO C 20b DESCR 20d INJU While of work	IBE HOW INJURY OCCURRED RY OCCURRED Not White to twark the deceased from	ACE OF INJURY (Hame, farr, ctary, street, affice bldg , etc.	Port I or Port II of Item 18 }	PERFORMED? YES NO (County) (Sta
NOTED THE STATE OF IN HOUR OF PART IN OTHER STATE OF IN HOUR OF IN	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Day, Year m. 19 ify that (I) (this holderedsed alive an	E TO (c) CONTRIBUTING TO C 20b DESCR 20d INJU While of work	IBE HOW INJURY OCCURRED RY OCCURRED Not White to twark the deceased from	ACE OF INJURY (Hame, farr ctory, street, affice oldg, etc.	Part I or Part II of Item 18) n, 20f (City or town) The standard Market Courses A M, from causes	PERFORMED? YES NO (County) (Star
No. 1 To the state of the saw he/or	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Day, Year m. 19 ify that (I) (this holderedsed alive an	E TO (c) CONTRIBUTING TO C 20b DESCR 20d INJU While of work	IBE HOW INJURY OCCURRED RY OCCURRED Not White to twark the deceased from	ACE OF INJURY (Hame, fare ctary, street, affice bldg, etc.) ATTENDING	Port I or Port II of Item 18 }	(Caunty) (Star
PART II. OTHER S PART II. OTHER S PART III. OTHER	AS UNDERLYING AS UNDERLYING	CONTRIBUTING TO E CONTRIBUTING TO E 20b DESCR 20d INJUL While of work	IBE HOW INJURY OCCURRED RY OCCURRED The deceased from The deceased from The deceased from The deceased from	ACE OF INJURY (Hame, farr ctary, street, affice bldg , etc.) at death accurred at ATTENDING PHYS 22d. ADDRESS	Port I or Port II of Item 18) m, 20f (City or town) TO To To Town MED DIRECTOR PHYS	(Caunty) (Star
PART II. OTHER S 20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTH) 20c TIME OF IN Hour a 21. I cont Saw he/c 22a SGNAVIRE	AS UNDERLYING AS UNDERLYING	CONTRIBUTING TO E CONTRIBUTING TO E 20b DESCR 20d INJUL While of work	RY OCCURRED 20e PL Not White of work of the deceased from 120, and 150	ACE OF INJURY (Hame, farr ctary, street, affice bldg , etc.) at death accurred at ATTENDING PHYS 22d. ADDRESS	Port I or Port II of Item 18) m, 20f (City or town) TO To To Town MED DIRECTOR PHYS	(Caunty) (Sta
nise to immedia stating the undust PART II. OTHER S 20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTH) 20c TIME OF IN Hour of PART II. CONTRIBUTING (IF EITHER, NOTH) 21. I contribute of IN Hour O	AS UNDERLYING CAUSE OF DEATH YMEDICAL EXAMINER) JURY Manth, Day, Year m. 19 ify that (I) (this had deceased alive and e) Richard ION, 23b DATE Th	CONTRIBUTING TO E CONTRIBUTING	IBE HOW INJURY OCCURRED RY OCCURRED The deceased from The deceased from The deceased from The deceased from	ACE OF INJURY (Hame, farretary, street, affice bldg, etc.) At death accurred at ATTENDING PHYS 22d. ADDRESS 1135 Pot	Part I or Part II of Item 18) m, 20f (City or town) The Company of the Course of th	(Caunty) (Starter), that (I) (we and on the date stated a 22b. DATE SIGNED
NOTE TO THE STATE OF THE STATE	AS UNDERLYING CAUSE OF DEATH YMEDICAL EXAMINER) JURY Manth, Day, Year m. 19 ify that (I) (this had deceased alive and e) Richard ION, 23b DATE Th	CONTRIBUTING TO E CONTRIBUTING	IBE HOW INJURY OCCURRED RY OCCURRED Not White of work in the deseased from and the last of the last	ACE OF INJURY (Hame, for ctary, street, affice oldg, etc.) At death accurred at ATTENDING PHYS 22d. ADDRESS 1135 Pot	Port I or Part II of Item 18) m, 20f (City or fawn) to	(Caunty) (State and on the date stated a 22b. DATE SIGNED Hagerstown, Mar
nise to immedia stating the undust PART II. OTHER S 20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTH) 20c TIME OF IN Hour of PART II. CONTRIBUTING (IF EITHER, NOTH) 21. I contribute of IN Hour O	AS UNDERLYING DUE AS UNDERLYING DEATH AS UNDERLYING DEATH AY MEDICAL EXAMINER) JURY Month, Day, Year m. 19 ify that (I) (this had becomed alive and be) Richard ION, 23b DATE Tr	CONTRIBUTING TO E CONTRIBUTING	IBE HOW INJURY OCCURRED RY OCCURRED Not White to to the desensed from the desense from the	ACE OF INJURY (Hame, forrectory, street, affice bidg, etc. ATTENDING PHYS 22d. ADDRESS 1135 Pote R CREMATORY THE COMMERCENT OF THE CO	Port I or Part II of Item 18) The part I of Item 18 o	(Caunty) (Sta

and and completely filled in by the funeral see emove carbon papers. Pages 1 and 3 ad intony event, within 72 hours after details TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the bural-transit permit. Their places should be filed with the State Dept. of Health prior to burial, cremation, or remarked, and Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



02744

	00023		CEKTIFICATE	68742		
		HINGTON	MARYLAND	o STATE MARY		WASHINGTON
	HAURROTO	ide corporate limits, WINST (RIURAL)	40 YRS.	CITY OR TOWN (IF or RURA	utside corporate limits, write RURAL LA HAGERSTOWN	ond give neorest town)
	d. NAME OF HOSPITAL OR RT. #1 F.	INSTITUTION (If not in hospital, of A TRPLAY	give street address)	d STREET ADDRESS RT.#1 F	'A IRPLAY	e. IS RESIDENCE ON A FARM? YES NO
Ī	3 NAME OF DECEASED	First	Middle	Lost	4. DATE Manth	Day Year
	(Type or print)	JACOB	CLEVELAND	CORWELL	DEATH JUNE	2 19 67
- 1		DLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR OF UNDER 24 HRS
	MALE W	WIDOWED	DIVORCED	1/17/18	185 82 ys	dianis buys (10013 Mills,
- 1	10a USUAL OCCUPATION (Give		ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	during most of working life, ev	0	WN FARM	PENNS	YLVANIA	U.S.A.
- [13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
		S CORWELL			ANE	
	IS WAS DECEASED EVER IN U. (Yes, na_or unknown) (If yes	S ARMED FORCES? 16.	SOCIAL SECURITY NO 17 I	NFORMANT	Address	RT.#1
	NO	2	15-36-6849	MRS. SADI		FATRPLAY MD.
Ì	18. CAUSE OF DEATH (PART I, DEATH WAS	Enter only one couse per line for		Jung -		INTERVAL BETWEEN
		IMMEDIATE CAUSE (a)	Courses [Tocheson		CONSES AND DEATH
	7001	DUE TO	4/2	X-101		65
-	Conditions, if any, which rise to immediate caus	9 (0)	Min - roles	ed Corch	- Visulary.	es grang
	stating the underlying last.	couse DUE TO				
/	PART II. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH AL EXAMINER)	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of Hern 18)	
	20¢ TIME OF INJURY M Hour o.m. p.m.	onth, Day, Year 20d le While 19 at wort	Not While G foct	CE OF INJURY (Home, far ary, street, affice bldg., etc.		(County) (State)
	21. I certify the saw the decease	at (I) (this haspital) attended alive an			ta_6-3~ M, from causes and	, 1967, that (I) (we) last
	220 SIGNATURE	1 500 80	1 ME	ATTENDING	MED STAFF DIRECTOR PHYS	22b DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	BEWAL	170 h	22d. ADDRESS RIOH Wash	with Hosil	ho dry
	23a BJRIAL, CREMATION,	23b DATE THEREOF	23c BOME OF CEMETERY OR		23d LOCAT ON (City or Town)	(Caunty) (State)
	REBURTAL	6/5/67	ROSE HILL	CEM.	HAGERSTOWN	
	24. FUNERAL DIRECTOR	11	ADORESS		D BY REGISTRAR 256 REGIST	KARS SIGNATURE MOSSIA
	11.J. KAS	went Hales	sslown h	DATE J	UN 8 1981	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercised within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and appears to be seen that the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after leaf Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH and 2 illed in by the funeral papers. Pages 1 and 2 fan 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Washington MARYLAND c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate himits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, Hagerstown 40 years Hagerstown d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Washington County Hospital 246 Bryan P1. NAME OF M-ddle 4 DATE DECEASED JOHN HENRY CROUT (Type or print) DEATH in any even S SEX AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED (Garthday) male white 11-8-02 DIVORCED 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) aircraft mfg. Rouzerville, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, John B. Crout Katie Creager ottending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 214-16-1724 K. Josephine Crout, Hagerstown, Md. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: hebbre Schows in signed by the burial-trans Conditions, if ony, which gove rise to immediate cause (a). stoting the underlying couse peen as the lost has PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Mrostote Beingn this certificate 200 ACC DENT WAS UNDERLYING E 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part I of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While Hour 'a.m. foctory, street, office bldg., etc.) After of work 21. 1 certify that (1) (this hospital) attended the deceased frame Icus 20, 19 67, to June 24, 1967, that (1) (we) last shauld saw the deceased alive an June 24 director, page 3 shauld be fried v M.D DIRECTOR Edward W. Ditto111 NAME (Type) 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVANTS Deciva Cedar Lawn Mem. 6-27-67 Park

Minnich Funera Home, Hagerstown, Md.

24 havrs after death within law requires that the death certificate be executed OR ATTENDING PHYSICIAN: be retained TO FUNERAL DIRECTOR: O HOSPITAL

VR A15 (4) 25M 1/67

e IS RESIDENCE ON A FARM?

YES NO

19 67

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

Wash.

24.

12 CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

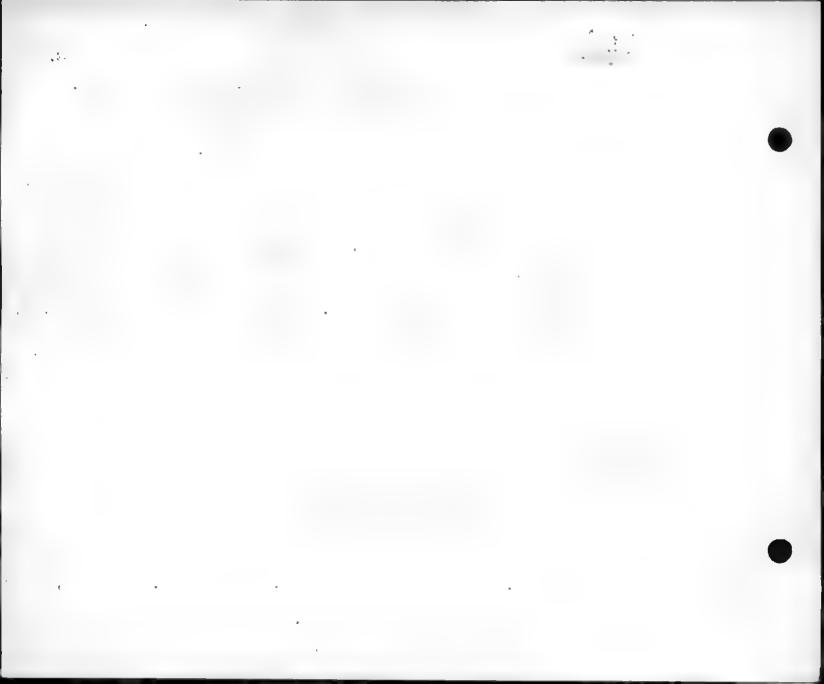
b. COUNTY

Month

Address

June

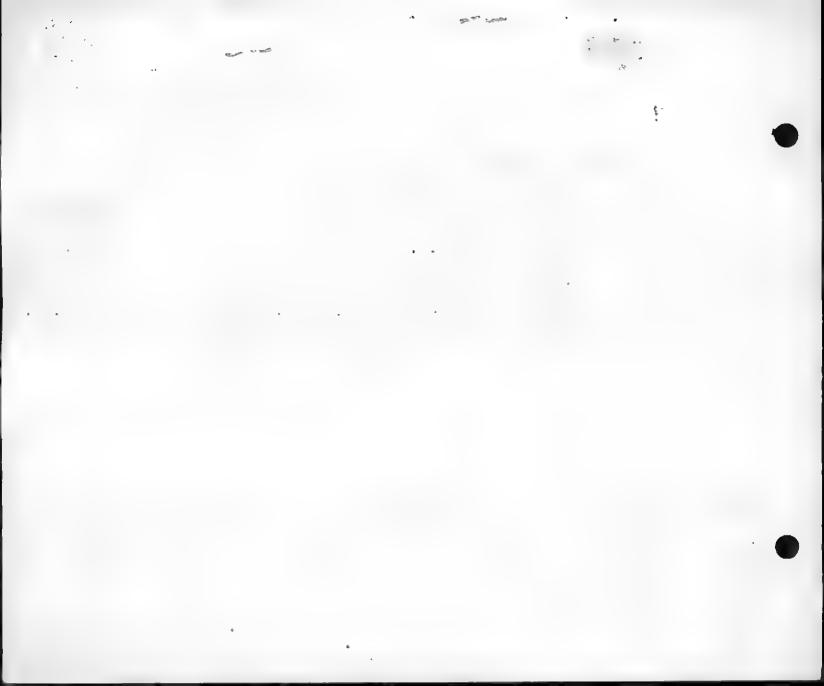
PERFORMED? NO. (City or town) (County) (Stote) 19 67, and that death accurred at 7 3 M, from causes and an the date stated above. 22b DATE SIGNED 6-26-67 Washington St. Hagerstown, Marylan 23d LOCATION (City or Town) (County) (Stote) Hagerstown, 25b. REGISTRAR'S SIGNATUR



10 HOSPITAL OR ATTENDING PHYSICIAN: The law Imquires that the Leath certificate be Executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please amove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, bad any event, within 72 hours after beath.

VR A15 (4) 20 M 1/66

AND.	k#	Diń	See letter	in Corresponden	ce File unda	er R	E, MARYLAN	D 21201	
		08746	Mrs. Grac	Wilt - daughter	Phis .			087	aa
			requesting	that no more co	pies of this	=	d 6 ala a		
	1 F	LACE OF DEATH	certificate	be issued. 7/	18/67 cac	- IVI	ed, if institution b. COUNTY	Taffa	odmission
		COUNTY Wash.	**P'nnii	MARTLAND	7	<u> </u>			
	t	CITY OR TOWN (If aut	side corporate limits, e negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o				town)
		write RURAL and give				s Ferry	-rura		IE DECEMBER
J.	(ton County		d STREET ADDRESS				IS RESIDENCE ON A FARM? (ES NO)
		NAME OF	First	Middle	Lost	4. DATE OF	Manth	Day	Year
		Type or pnnt)	Gilbert	Franklin	Deener	DEATH	6	II	
	5 5	6. I	COLOR OR RACE 7. MARE	PIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE		UNDER I YEAR onths Doys	Hours Min
		Male	White WIDD	VED 🛣 DIVDRCED 🗌	12/5/04	62	Yrs		
	10c.	USUAL OCCUPATION (GIV	e kind of work done	b K ND OF BUSINESS OR	11 BIRTHPLACE (Count		ountry)	12. CITIZEN OF COUNTRY?	
		ng most of working life, e	mnloyee B	%OR.R.	Maryland			U.S.A	•
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN				
			. Deener		Susie Sp	encer			
	IS. íYe	WAS DECEASED EVER IN I	J.S. ARMED FORCES? is give wor or dotes of service)	10.000	INFORMANT		Address	-	
	,,,,,	'no '	1	220-09-9320	Grace V. "	'ilt, Ha	rpers		
		18. CAUSE OF DEATH PART 1. DEATH W	(Enter only one couse per lin	e for (o), (b), ond (c).)	00				RVAL BETWEEN ET A <u>ND D</u> PATH
			IMMEDIATE CAUSE (o)	Carcinoma	- of sa	may			mika
	Ш	163X	DUF TO		V	0			
		Canditions, if any, whi rise to immediate co	150 (0)						
	П	stoting the underlying							
		last.	(t)	ING TO OCATIV BUT MOT BUT ATTO TO	THE TERMINAL PRESACE CO	INDITION COURS IN	DADT 1/e3	Tig	V2GATIIA 2AW
	8	PAKE II. UIMEK SIGNIFI	CAMI CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	MUITON GIVEN IN I	PART TO		WAS AUTOPSY PERFORMED?
	IS I	200 ACCIDENT WAS UND	ALDI AINCE	b. DESCRIBE HOW INJURY DCCURRE) (Enter nature of injury in	Part I or Part II of	item 18)	110	S NO E
	CERTIFICAT ON	OR CONTRIBUTING C	AUSE OF DEATH	D. DESCRIBE HOW HOOK! DECORE	Enter notice of injury in	1001 7 00 1001 11 01	110111 10.)		
	ਤ	(IF EITHER, NOTIFY MEDI 20c. TIME OF INJURY		Od INJURY OCCURRED 20e P	LACE OF INJURY (Home, for	m. 20f (City	(ar town)	(County)	(State)
	MEDICAL	Hour o.m.			octory, street, office bldg , etc)			
		p m.	hat (1) (this hasnital) a	tended the deceased fram.	6-24	19/) to (6-12	196 ¹) th	at (I) (we) las
	П	sow the deced	ised alive an	/2 100 and the	of death occurred a	1 2 4 M, fro	m causes and		
		220 SIGNATURE	////			MED _		22b. DATE SIGN	
		Black	Canen	er _	M.D. PHYS.	DIRECTOR	PHYS.	6-14	- /
		22c. PHYSICIAN'S	r. Charles Sp	00000	22d, ADDRESS		**		
ä		NAME (rype)	· Ovaries by	encer	μ45 S. Pr	ospect St	Hager	stewn,	Md.
	230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY O			N (City or Fown)	, , ,	. ,
		REMOVA (Specify)	6/14/67	Church Of			wnsvil	le Mar	vland
	34	FUNERAL DIRECTOR	91	BrunsWick Md			7 2Sb7 REGIST	RAR'S SIGNATUR	edge.
4	1	ento toon	etal House	-	DATE	- ,00		0	0



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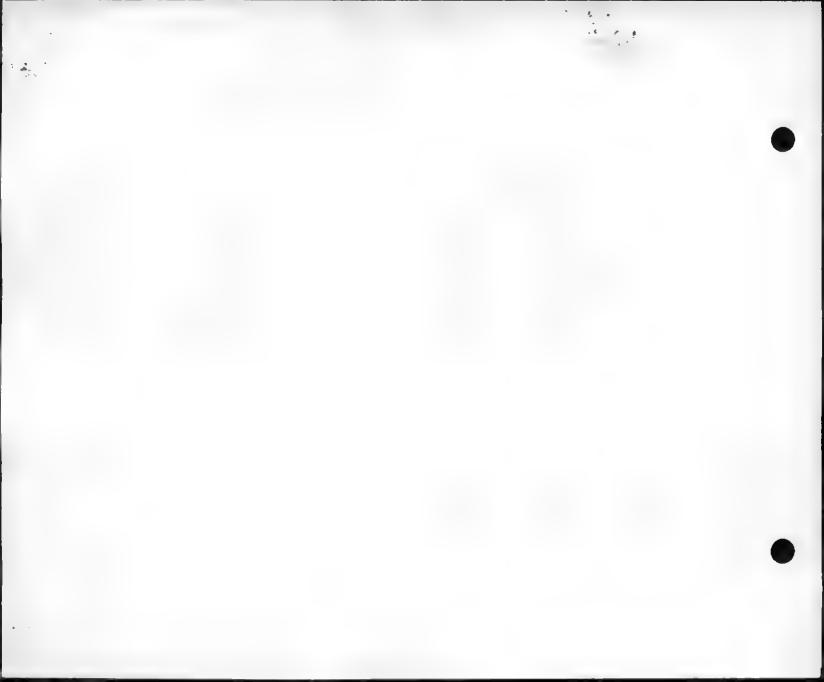
A September 1

CERTIFICATE OF DEATH

08745

М	00.	X *			421(111114)										
	I, PLACE OF DE	HTA					2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. STATE b. COUNTY								
	W	ASHING			MARYLAN	D		YLANI	0		D. COUN	WASHI	NGTON	Ţ	
		OWN (If outsice AL and give n	de corporate limit	s,	c. LENGTH OF STAY IN 15	,	c. CITY OR TO	WN (If our	side corp	orate limits,	write RUR	AL and give ne			
	HAGE	ERSTOW	N		5 YEARS		HAGE	RSTO	٧N			5/	1		
	d NAME OF H	HOSPITAL OR I	NSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET AD						e IS	RESIDEN A FARA	CE M2
1		NGTON	COUNTY H	IOSPITA	Ĺ		NOF	THERI	V AVI	ENUE			YES {		
	3 NAME OF DECEASED			rst	Middle		Last		4. DAT	E	Mont	h	Doy	Year	
	(Type or print		HARC		G		DEIT		DEA		JUN		17	19 6	
	S SEX		LOR OR RACE	7. MARRIED	NEVER MARRIED] 8	. DATE OF BIR	(H		9 AGE (in lost bir		Months Do	AR IF U	NDER 24 urs	HRS Min.
	MALE		HITE	WIDOWED	DIVORCED		NOV. 8	190		59	YES				
	100 DSUAL 001 W to teen enirub.	PATION (Give k orking life, eve	kind of work done in it retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLA	` '		Ü	îry)	12 CITIZE	RY?		
	MACHINE"		roa	TRI	UCK MFG.					YORK		I I	J.S.A		
	13. FATHER'S NA						14. MOTHER'S								
		EORGE					ANN	A 0	CONI						
	Yes, no, or unkn	ED EVER IN 6 S lown) (If yes o	ARMED FORCES? give wor or dotes o	of service !	SOCIAL SECURITY NO.		NFORMANT					SS AVENUE			
-	NO]15	2_09_0317	MR	S HAROL	D G I	DEITZ	Д НА	JERS	TOWN M			
	18. CAUSE	OF DEATH (F L DEATH WAS	nter only one cou	ise per line for	(o), (b), and (c).)		,46		1	7			INTERVAL ONSET A		
	1/		MMEDIATE CAUSE	(0)	Renon	14	igum	ا الصاد	18	ung	37.		,	4	
	(0)	if any, which	DUE	TO			C 9	RELE	ساممد	Vezk	12	14 Croto	- Sing	10	w
		ir any, which rediate cousi	0 (0)	(b)			- 1			0				- 9	
	stoting the	underlying o		/	1										
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	E PAKET OII	A. SIGNIPICA	NE CONDITIONS	ONTRIBUTING T	O DEATH BLT NOT RELATED	7 10 7	HE TERMINAL D	SEASE COR	DIDON G	IVEN IN PAR	chi	a cista	PERF	AUTOPS DRMED	?
	A 10000	NT WAS CHAPTER	IVINCE /			7	54/1	162		and .		1 74	YES, X	NO	
	OR CONTRIB	NT WAS UNDER ⊎TING □ CAUS	SE OF DEATH	20b. DES	SCRIBE HOW INJURY OCCUR	KKED (t⊓ter noture of	infury in F	roff f or l	rort II of iter	n 18.) Z	Me	لا المساول	I de	74
	I HE CHIEFA, N	OTIFY MEDICAL		1 204 14	BURY OCCURRED 20e	DI AC	T OF BUILDY /	ama far-	T 201	(Cty or	tou al	(County	1	(Sto	7
	20c. TIME O	our form.	onth, Doy, Yeor	While	Not While		E OF INJURY (! ory, street, oflice			(c.; y or	IOWI()	(conny)	(310	IRÌ
		p m,	19	ot work		/	0-6		6/1	T- 4	15	6: 10	A1 - A - C	ll free	1 1 -
			it (I) (musumos ed alive an∠		led the deceased fram		death accu	red et	(2)	to A	COURSE	and an the	, that (I	/ Q	
	220 SIGNA	1	d dilve dir	- 5	(, , , ,	Hul	Gentil attt	iieu et	7/1-	_m, mum	ranzez (22b. DATE		area u	nove.
	170%	Ma	1/	15	idad	M.D	ATTENDING PHYS.		MED. DIRECTOR	STA PH		JUNE		967	
	22c. PHYSIC		4 60	1)49	471		22d. ADD		PIACTOR		1.2.	T OUNCE	<u></u>	701	
	NAME	(Type) F	RICHARD	T RINE	DED M.D.		113	POT	OMAC	AVE.	HAGE	ERSTOWN	MAR	CLAN	ND_
1	230 BUR AL, CRE	EMATION,	23b DATE THE		23c NAME OF CEMETER	Y OR C	REMATORY		23d	LOCATION (C	ity or Tox	wn) (Co	unity)	(Stot	e)
	REMOVAL (S		6/20/	67	OLD TENNEN		EMETER	7		NENT	,	MONM		,	.J.
	24 FUNERAL DI	RECTOR	1 1		ADDRESS			2So REC'D	BY REGI	STRAR		GISTRAR'S SIGN	ATURE		
-1	CHAR	LES M	ROUZER	HAIRDS	MADVIA	NID.		MULL	20	1967	gai	inelly	Judg	LC.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample or filed in by the funeral director, page 3 shauld be detached far use as the bur al-transit permit. Then please remove carban papers. Pages I and 2-shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after degree IO IIOSPITAL OR ATTEMBING FIFTE The law requires that the death certificate Le executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



CHARLES M. ROUZER

003	₹ Ø		CEKTIFICA	IE VI	DEATH				000	45	
PLACE OF DEA	тн		-	2. U	SUAL RESIDENCE	(Where deceo	sed lived, if institu	tion Residence be	fare admissi	ian)	
a. COUNTY	WASHINGT	NC	MARYLAND	0	o. STATE MARYLAND b COUNTY WA					SHINGTON	
b CITY OR TO	NN (If autside carparate iimi L and give nearest town)	's	c. LENGTH OF STAY IN Tb C. CITY OR TOWN (If outside corporate implits, write RURAL of						rest town)		
HAGERSTOWN			75 YEARS		HAGERSTOWN			pf	pl t		
	SPITAL OR INSTITUTION (If a	at in hespital	, give street address)	d. S	TREET ADDRESS				e IS RESI ON A F	DENCE	
WA	SHINGTON COU	TY HO	SPITAL		603 V	VEST F	RANKLIN S	STREET		NO X	
NAME OF	F	irst	Middle		Last	4. DATE	Man	th [Doy Ye	egr 100	
(Type or print)	LYDIA		MARGARET	_ D	RENNEY	OF DEATH	JUNE	4.		67	
SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DAT	E OF BIRTH		9 AGE (n years lost birthday)	Months Do		R 24 HRS. Min	
FEMALE	WHITE	WIDOWE			CH 14, 1		79 YIS			BUPT	
o USUA. OCCUP	ATION (G ve kind of work dans throught even if retired)		KIND OF BUSINESS OR HOLLING MANUFACTUR	II.	BIRTHPLACE (Count CLEAR		oreign country)	12 CITIZEN COUNTI	OF WHAT		
13. FATHER'S NAI	ME				MOTHER'S MAIDEN	NAME	,	,			
	THOMAS DRENN	ER			MARGA	RET A	WELSH				
IS. WAS DECEASE	DEVER IN U.S. ARMED FORCES	li	6. SOCIAL SECURITY NO. 1	7. INFOR	RANT	40 - 40 - 40	Addr	ess			
NO.	wn) (If yes give war ar dates	or service)	1	/IISS	GRACE DR	ENNER					
18. CAUSE C	OF DEATH (Enter only one co	use per line f				-			INTERVAL BE		
PARI I.	DEATH WAS CAUSED BY- IMMEDIATE CAUSE	(a)	Courses	14	coul	me		2	DUSEL HAD	DEATH	
400	DUI	то	nn.	/	rosi				1/- "		
nise ta imme	diate cause (a),	(b)	conces	-en-c	rose				pe-ac	~2_	
last	underlying couse	(c)									
PART I OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TE	RMINAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)		19. WAS AUT PERFORM	WED?	
3	TANK INDERINA	100	December that the box occiton	en ie i		8			YES 🔀	NO _	
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	706.	DESCRIBE HOW INJURY OCCURR	to (thier	noture of injury if	Paff Lar Pa	ffill of Item 18)				
2Dx TIME OF	INJURY Month, Doy, Year ir a m. p.m. 19	Wh			N)URY (Home, for eet, affice bldg , et		(City ar town)	(County)		(State)	
			nded the deceased fram	hat dea	e/3 th accurred a	1961	ta 6/ W. from causes	4, 196, and on the o	that (I) (ye) la	
22a. SIGNAT								22b. DATE S			
	70	UZ	An	M.D. P	TENDING HYS	MED. DIRECTOR	D STAFF E	JUNE	6, 19	67	
22c. PHYSIC NAME (T 1 5 . / .	WILSO	N, M.D.		22d ADDRESS 580 NORT	HERN A	VE, HAGE	RSTOWN,	MARYI	AND	
230. BURIAL, CREI		IEREOF	23c. NAME OF CEMETERY	OR CREMA	TORY	23d 1	OCATION (City or To	own) (Cou	inty) (Stote)	
BURIA S	Decity) 6/8/6	7	ROSE HILL	CEMP	Union	HAG	ERSTOWN.		CO. MI).	
24. FUNERAL DIR			ADDRESS	ODITO		'D BY REGIST	RAR 25b R	EGISTRAR S SIGNA			
CHA	RLES M. ROUZE	R. HAI	GERSTOUN MARY	ZI.AND	DATE	N 7	1967 2	Phanles	Judge	4	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove career papers. Pages 3 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 haurs affer death. TO MOSPITAL DE ATTENDING MAYSICIAM: The law requires that the death certificate be executed within 14 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALLIM

FICATE OF DEATH 08747

W			08749	CERTIFICAL	t OF DEATH		00121
funeral and 2 er death.			PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland	Where deceased lived, if institution in the course was the course with the course was a second course	t on Residence before odmission) NIY Drington
			 CiTY OR TOWN (If outside corporate lim write RURAL and give nearest town) 		c CITY OR TOWN (If ou	tside corporate limits, write RU	IRAL and give nearest town)
haurs on by the s. Page			Hagerstown	40 Yrs.	Hagerstow	m	De 111
24 h d in pers 72 h	79		d. NAME OF HOSPITAL OR INSTITUTION (IF		d STREET ADDRESS	-1	e. IS RES DENCE ON A FARM?
File Brief	[]		Washington County	HOBPITELI Middle	38 Charle	BB St.	YES NOT YEOR
wit rbai	-		DECEASED (Type or print) Robe		Eakle	O.F.	10, 19 67
male re co		-	SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
d ca	-	_	Male White	WIDOWED DIVORCED	Sept. 4, 19		Months Days Hours Min
icate be executed within 24 hor rsician a≡d cam≣tetely filled in please remove carban papers. Il, and in any event, within 72 hi		10o dur	JSJAL OCCUPATION (Give kind of work don no most of working life, even if retired)	10b KIND OF BUSINESS OR 1NDUSTRY		& State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
ance and ance			ng most of working life, even (fretired) Meat Cutter (ret.) FATHER'S NAME	Food Ind.	Rural Boor	isboro, Md.	U. B. A.
rtific Phys en p							
eath certifi ading phy nit. Then ar remova		16	Benjamin F. Bakle WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO 17	Fannie V.		town, Md.
te death certificate b atte≡ding physician permit. Then please ion, ar removal, and i		(Ye	s, no, or unknown) (If yes give wor or dote:	of service)	Mrs. Myrtle N	I. Frock, 38 C	•
that than on. by the ransit greenati			1B. CAUSE OF DEATH (Enter only one of PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUS	ouse per line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
equires the physician signed by burial-traisburial-traisburial, cre			Conditions, if any, which gove	(b) Generalized Ar	teriosclerot:	ic	Indefinite
e law requirenting phis leer signal as the busting phis phis phis phis phis phis phis lab and a street a phis phis lab and a street a phis phis lab and a street a a			last.	E TO (c)			
T to as to	,	CERTIFICATION	PART (I OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DIT ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: 1 e haspital ar his certificate stached far us Dept. af Healt			200. ACCIDENT WAS JINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED		·	
NG PHYSIC y the haspil er this certil e defached tate Dept, af		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	While - Not While - fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		(County) (State)
A THE			saw the deceased alive an_	spital) attended the deceased fram 6-10-67 /9, and the	6-10-67 , lat death accurred of	9, ta 610-6 :40P _M, fram causes	
HOSPITAL OR ATTEN age 4 may be retained LUNERAL BIRECTOR: frector, page 3 shauld hauld be filed with the			220 SIGNATURE	illot () "		MED STAFF DIRECTOR PHYS	22b DATE SIGNED 6-12-67
SPITAL OF 4 may be ERAL DIR ar, page d be filed	1			co E. Rosillo	22d ADDRESS Hagerstown		
FO HOSPII Page 4 m IN NUNER director,		230	BURIAL (REMATION, PEMOVAL (Specify) 6- 13			23d LOCATION (City or To	- Md -
	1.5	24	. FUNERAL DIRECTOR	ADDRESS	25g REGI	BY REGISTRAR 2Sb., P	EGISTRAR S. SIGNATURE
VR A15 (4) 25M 1/67		J	ohn H. Bast, Jr. 1	12 N. Main St. Boonsb	oro Md DATE	* ± 1001	harles Judge



ie death certificate be executed within 24 hus after death.	attending physician and camplately filled in by the futeral permit. Then please remave cases, papers. Pages I and 2 ion, or remaval, and in any event, within \$2 haurs after death.

signad by the burial-transit

Spc

Page 4 may be retained by the haspital ar attending

DINECTOR:

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burial, cremat

priar to as the

Health p

detached

3 shauld to with the S

director, page 3 should be filed v

08750CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) PLACE OF DEATH a COUNTY P CURINTA Washington **MARYLAND** Wash. b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate limits, write RURAL and give nearest town) Smithsburg Hagerstown 1 week rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital RFD 2 YES X NO NAME OF First Middle Last 4 DATE Manth DECEASED Florence Eshleman June 67 (Type or print) DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B DATE OF BIRTH last birthday) Months WIDOWED DIVORCED March 9, 1895 White Female 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 13 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY Smithsburg, Md. USA nurse - aid 13. FATHER'S NAME Anna Elizabeth Shank Daniel Eshleman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Md. (Yes, na, or unknown) (If yes give war ar dates af service) 220-44-8775 Mrs. Mary Elizabeth Benner. Rt. 2. Smithsburg no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Cerebral thrombosis IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis 5 years Conditions, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying cause Nepherosclerosis 6 months 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 3d 20g ACCIDENT WAS UNDERLYING FT 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur a.m. While factory, street, affice bldg., etc.) Not While at wark L at wark . 19 59 . to 7-9 6-11 19 67, that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 6-9 19. 67, and that death accurred at 10. AM, from couses and on the date stated above. 22g. SIGNATURE/ 22b. DATE SIGNED -12-67 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Smithsburg, Maryland Charles F. Hess. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) June 14, 1967 Stouffer's MennoniteCemetery purial Smithsburg Wash. 24. FUNERAL DIRECTOR **ADDRESS** REGISTRAR S SIGNATURE Minnich Funeral Home, Smithsburg, Md.

DATE

VR A15 (4) 20 M 1/66

4 .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please femave carban papers. Pages I and shall be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after record Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed mithin 24 havrs after death.

08751		CERTIFICATE	OF DEATH		08749
PLACE OF DEATH o, COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (Whe a STATE Md.	re deceased tived, if institution b COUNTY	
rural	ff outside carporote limits, d give negrest town) Hagerstown	c. LENGTH OF STAY IN 16	t CITY OR TOWN (If outsid	e carporote limits, write RURAT WID	Land give nearest town)
	AL OR INSTITUTION (If not n h y Nursing He		d street address Lanvale	St.	6 IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or pnnt)	Emmert	Newton E	verhart 4	ULAIN	ne 29 Year
s sex male	12h 1 + 0	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6-20-1887		IF JNDER 1 YEAR IF UNDER 24 HRS Months Doys Haurs Min
Do USUAL OCCUPATION	(Give kind of wark done life, even if retired)	general work	Dry Run,		12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Jacob Everh	art	14 MOTHER'S MAIDEN NAM	lizabeth Dio	ckerhoff
5 WAS DECEASED EVE (Yes, no or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates af servi	16 SOCIAL SECURITY NO 17 100 219-05-2523A	Mrs. Hazel	Pearman, F	lagerstown,Md
	EATH (Enter only one cause per YH WAS CAUSED BY. IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).)	Henre T-	Meusit	INTERVAL BETWEEN ONSH AND DEATH
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O LIE CITUED MOTIEV	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part	l ar Part I af Item 18)	
2Dr. TIME OF INJI	10		ACE OF NJURY (Hame, farm, tary, street, affice bldg., etc.)	20f (C ty or tawn)	(Caunty) (State)
saw the d	fy that (I) (this haspital) eceased alive pn_22	attended the deceased fram	さらない 19C	3, to 29 June 25/4 M, from causes or	ر , 19 أير, that (I) (we) last an the date stated above
22a SIGNATURE	entoc	M.	D. PHYS. (X DIR		22b. DATE SIGNED 30 July 1967
22c. PHYSICIAN S NAME (Type	WN. FE	NDER	22d. ADDRESS 2.18 N. Por	omic St. Ho	+G SISTOWN, MD.
23a BURIAL, CREMATIC PEMPYAL Section		23c NAME OF CEMETERY OR FAIRVIEW Z		23d LOCATION (City or Town Fairview,	4 47 4 1
24. FUNERAL DIRECTO		ADDRESS	2Sa REC'D BY	REGISTRAR 256 REGIS	STRAR S SIGNATURE



CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o STATE **b** COUNTY CITY_OR TOWN (II outside corparate fimits, write RURA, and give negrest town) d STREET ADDRESS S RESIDENCE ON A FARM? (If not in hospital, give street address) buriol, transit paralit. Iden pleose remove corbas but buriol, cremation, or removal, ond in ony event, within YES NO 3 NAME OF First Middle Dov completely DECEASED (Type or print) DEATH SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED 10o. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT (County & State, or foreign country) physician (Ten pleose working 13. FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no or unknown) (If yes give wond dates of service 18. CAUSE OF DEATH (Enter only one cause per time for (o), (b), INTERVAL BETWEEN signed by the buriol transit p PART I DEATH WAS CAUSED 89: ONSET, AND DEATH IMMEDIATE CAUSE for DUE TO Conditions, if ony, which gove use to immediate couse (a), DUE TO ficote hos been s for use mithe to Health prior to b stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO this certificote 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (County) Hour o.m. While foctory, street, office bldq., etc.) Not While at work of work TO FUNITAL DIRECTOR: After pe 21. I certify that (I) (this hospital) attended the deceased from , 19___, that (1) (we) lost __. to 1962, and that death occurred at CAM, fram causes and on the date stated above. saw the deceased olive an 22o. SIGNATURE 226 DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR M.D PHYS 22c PHYSICIAN'S NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City 23b DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** REC D BY REGISTRAR REGISTRAR S SIGNATURE

PHYS IIA The law requires that the leath certificate ba hospitol or offending physician. ATTINDING be retained HESHITAL Poge

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VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #9 Film #6389 6/14/67 pc

within 24 hours after death

reavires that the death certificat

OR ATTENDING PHYSICIAN:

O HOSPITAL

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completely

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signed by the attending physi burial-transit permit. Then of burial, cremation, or removol,

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certificate

TO FUNERAL DIRECTOR: After

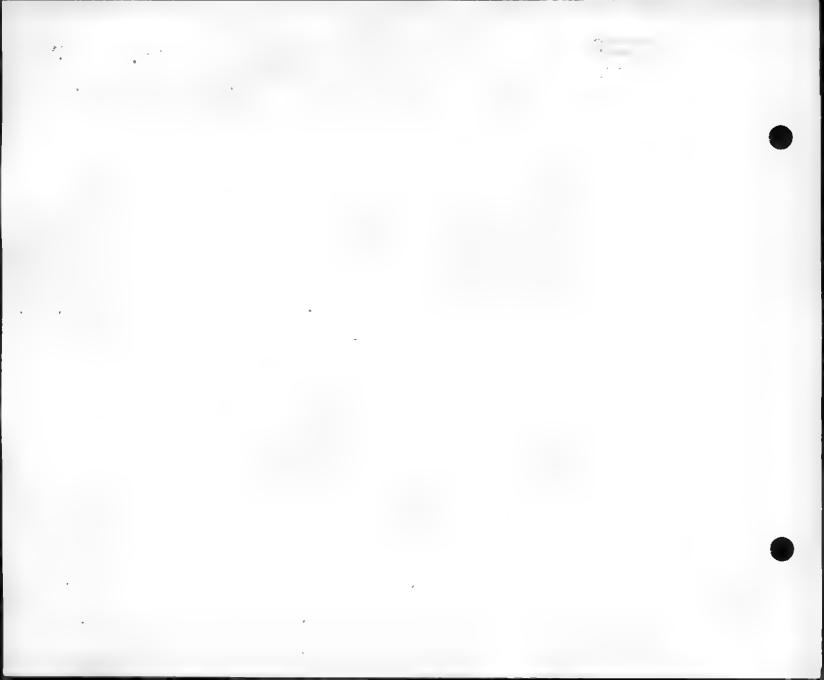
VR A15 (4) 25M 1/67

be retained

08753 OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY b. COUNTY Washington Md. Wash. MARYLAND b CITY OR TOWN (If outside carparate emits, E. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) rural Hagerstown 27 years rumal Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? RFD 5 RFD 5 YES NO X 3 NAME OF First Middle Last 4 DATE Month DECEASED Gesford Emmert Franklin June 67 (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED AGE (n years 6-22-03 male white WIDOWED DIVORCED 10h KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of wark done 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT refrigeration mfg COUNTRY? Williamsport. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Gesford Nervy Shaffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, ar unknown) i(If yes give war or dates of service) 217-16-2804 Mrs. Lela Gesford, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) 10061 DUE TO Conditions, if any, which gave rise to immediate couse (a), **DUE TO** stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS) PERFORMED? NO 20a. ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram March 17, 1967, to June 6, 1967, that (1) (we) last 1967, and that death accurred at 200 M. from causes and on the date stated above. saw the deceased alive and 220 SIGNALURES 22b. DATESIGNED DIRECTOR M.D. 22d, ADDRESS 22c PHYS CIAN" NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) 6-9-67 BREMOVAL (Spreify) Cedar Lawn Mem. Park Hagerstown, Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DATUN 9

Minnich Funeral Home, Hagerstown, Md.



State Department

pages land 2 with

File

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit Health or its designated agent, prior to burial, cremation, or remayal,

5 may be retained for your files.

and in any event within 72 haurs after deal

delay is

à.		Division of STATIS		ARYLAND STATE D RCH AND RECORDS, 3			RE, MARYLA	ND 21201				
	08754		MEDI	CAL EXAMINER'S	CERTIFICATE O	F DEATH		. 08	752			
1	PLACE OF DEATH o. COUNTY	Washing	ton	MARYLAND	2 USUAL RESIDENCE (V	Where deceosed	lived, if institution b. COUNT	V f., f	ore odmiss	,		
	write RURAL and	t outside corporate limit I give negrest town) Hagersto	own	c. LENGTH OF STAY N 1b		tside corporote erstown	m ts write RURA	L ond give neor	ond give neorest town)			
	d NAME OF HOSPITA	AL OR INSTITUTION (If no 407 Brei			d STREET ADDRESS 407	407 Brewer Ave.						
3	NAME OF DECEASED (Type or print) First Paul SEX 6 COLOR OR RACE 7 Male White USUAL OCCUPATION (Give kind of work done			Middle Baker	Gossard	4 DATE OF DEATH	Month June	_	Doy Year 3 19 67			
5	SEX		7 MARRIED [NEVER MARRIED DIVORCED	B DATE OF BIRTH October 17,19	l.	GE (In years ost birthdoy) 55 yrs	F UNDER 1 YEAR Months Doys		Min		
du	ring most of working Retai	(Give kind of work done lite, even if retired) Locke	IND	D OF BUSINESS OR USTRY PROCERY	11. BIRTHPLACE (Stote	own, Md.	ry)	12 CITIZEN COUNTR				
13	. FATHER'S NAME	Jacob	Gossara	ı	14. MOTHER'S MA DEN I	NAME ellie Be	aker					
15 (Y	WAS DECEASED EVE es no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)		INFORMANT Mary D. Gos	sard 40	Address 7 Brewe	Mayera	itown	.Md.		
		ATH (Enter only one could was CAUSED BY, IMMEDIATE CAUSE DUE , which gove)	(0) Three	nubosia c				42 1	NTERVAL BE ONSET AND			
	rise to immediate stating the under lost.	e couse (o), (10 Proli	addle cer	ardeal thu	owki,	ff. vens	tuicle	7,			
CATION	PART JI OTHER SHI	/ 1 -	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON Jelonejskin L				9 WAS AU PERFORI YES E			
L CERTIFICATION	200 EXTERNAL (A PRIMARY ☐ or COI CAUSE OF DEATH,		20b DESC	RIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Part II	of tem 1B)					
MEDICAL	20c. TIME OF INJU Hour on pr	3.6	20d INJ While ot work	Not While fo	ACE OF INJURY (Home, form ctory, street, office bldg , etc.)		ity or town)	(County)		(Stote)		
	21. I certify death result		e af the remo	ains described obove, h , Accident [], Su	neld an Autopsy 🔀, icide 🔲, Hamicide	Inspection Unde	, Inquir		id in my	opinian		
	ACTUAL SIGNATURE	lwant h	7 DA	Yo 111	CHIEF MEDICAL ASS STANT MED	EXAMINER			22. DAT	E SIGNED		

EXAMINER'S NAME (Type)

Edward W. Ditto, III.

NAME OF CEMETERY OR CREMATORY

Address (Street, city, town, or county)

230 BUR AL, CREMATION

DATE THEREOF 6/6/67

VR A15ME 6M 1/66

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office alogowith form PM3. Page

This certificate should be executed within 24 hours after death.

CAL EXAMINER:

TO DEPUTY ME

Rest Haven Cemetery Hagerstown

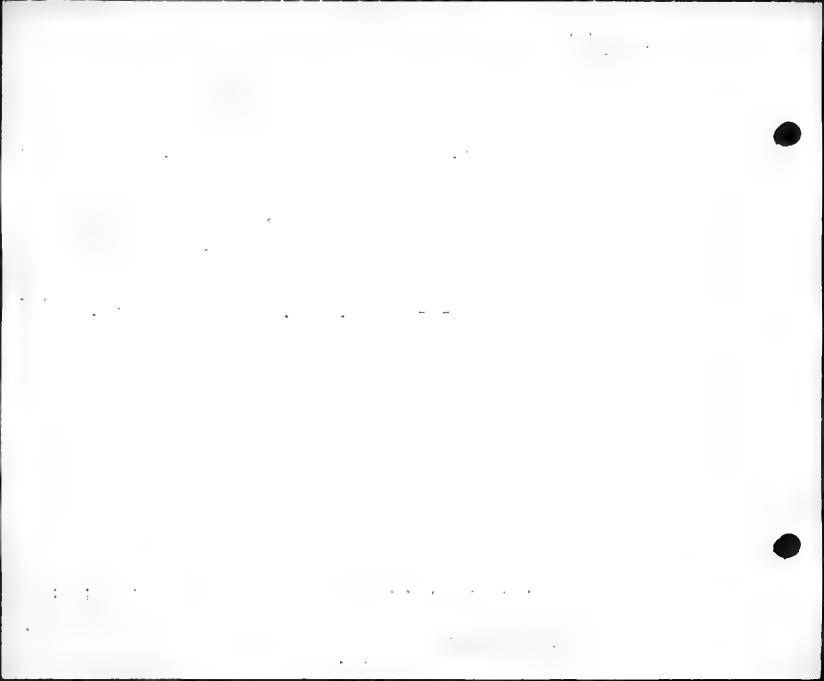
ADDRESS 250, RECD BY REGISTRAR 25b

DAN UN 8 1967 A

DAN UN 8 1967 A Rest Haven Funeral Hagerstown, Md.

DEPUTY MEDICAL EXAMINER

REGISTRAR'S SIGNA



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

and campletely filled in by the funeral remove carban papers. Pages I und van papers. Pages 1 and Within 72 haurs after death event, TO FINEERAL DIRICTOR: After this mertificate has been signed by the attending playstaan and director, page 3 shauld be detached for use as the burial-transit permit. Then please remshould be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in of be retained by the haspital or attending physician. Page 4 may

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PHYSICIAN S

NAME (Type)

	PLACE OF DEATH					2 USUAL RESIDEN	NCE (Where d	leceased lived,			e before	odmission	1)
	c. COUNTY	11/2/01/01/1		11.6	PM LND	o. STATE	CATISTY A	1775	b. COUN		77 TP 27/	TROME	
		NGTON			RYLAND	MARYLAND WASHINGTON 1. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
	b CITY OR TOWN (If oursi write RURAL and give	de (orporote Hmi) nearest town)	s,	CLENGTH OF STATE	I IN ID	t. CITY OR TOWN	(it outside co	rporote limits,	write RUR	At and give	nearest	fawn)	
	HAGERSTOW			10 YEAF	S	l l	HAGERS	TOWN			,	e	
	d. NAME OF HOSPITAL OR		at in hospital, g	ive street address)		d. STREET ADDRES					6	IS RES DI	
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_	3 21	OLOR OR RACE	7. MARRIED	NEVER MARRI		8 DATE OF BIRTH		9 AGE (In		IF UNDER 1		IF UNDER	
	MALE WH	TTE		DIVORC	드	FEB. 7. 1	1874	lost bir	thdoy) yrs.	Months	Doys	Hours	٨
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J.	. FATHER'S NAME					14. MOTHER'S MAI	IDEN NAME						
	WILLIAM H.	GRANTLA	ND			LAVINIA	A ADAM	S					
	. WAS DECEASED EVER IN U.		16. 9	OCIAL SECURITY NO.	17. 1	NFORMANT			1 Addre	, MOOI	LAN	YAW C	
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-)	PEC GEORG	و ۱ بالا	OLVANT TO	HAD 9	HAJEN			
	18. CAUSE OF DEATH (B	CAUSED BY	ise per line for	(o), (b), ond (c).)	· 12	A-1	~	11.	0			RVAL BETW EJ AND DE	
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	4221	DUE	TO										
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	stoting the underlying	couse											
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3	Been	of a	udlo	c face	ul.								10
	200 ACCIDENT WAS UNDER OR CONTRIBUTING TO CALL		20b DE:	SCRABE HOW INJURY	OCCURRED	(Enter noture of injui	ry n Port Lo	r Port II of ite	n 18)				
3	(IF EITHER, NOTIFY MEDICA												
5	2Dc TIME OF INJURY M		20d 1N	JURY OCCURRED	20e, PLA	CE OF INJURY (Home	form 2	20f (City or	town)	(Cou	nty)	(S	tot
160	Hour a.m.					ory, street, office bldg		, ,	A	, , , ,	**		
h-q	n m	19	ot work	ntwork	13				//	1	-		

BURIAL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) REMOVAL (Specify)
BURTAL 28/67 LOMBARDY ADDRESS 24. FUNERAL DIRECTOR REC'D BY REGISTRAR

HAGERSTOWN MARYLAND

M.D.

100

DIRECTOR

STAFF PHYS

POTOMAC AVE. HAJERSTOWN, MD.

2Sb.

douth occurred a

22d ADDRESS

and that

NEW CASTLE REGISTRAR'S SIGNATURE

(County)

JUNE 26. 1967

from causes and on the date stated above

22b. DATE SIGNED

08753

IS RES DENCE ON A FARM? NO X

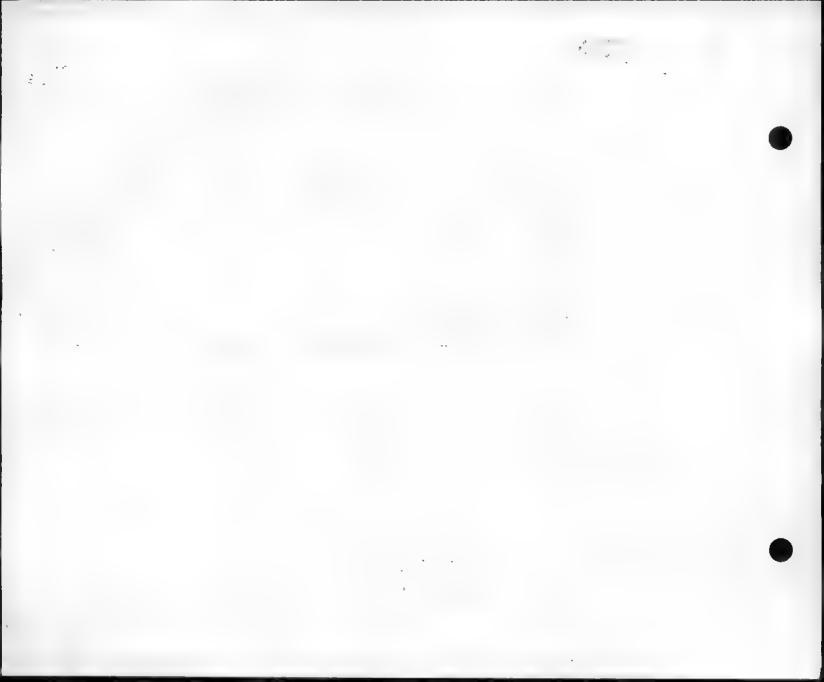
1967 IF UNDER 24 HRS

INTERVAL BETWEEN ONSET AND DEATH

(State)

(Stote)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death VR A15 (4) 25M 1/67



08756

CERTIFICATE OF DEATH

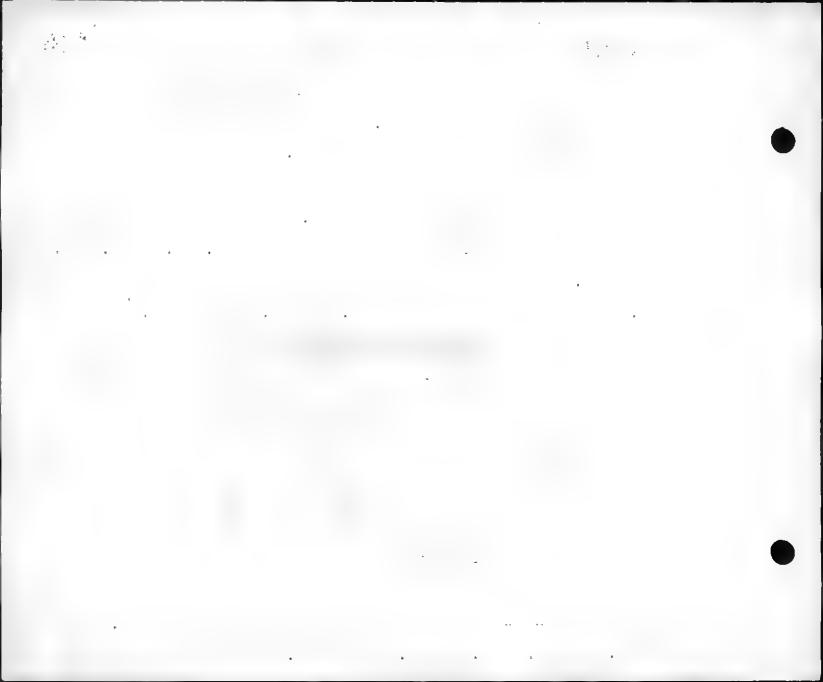
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LOCATION (City or Town) (County) (State)
bonsboro, Md.
IRAR 256 REGISTRAR'S SIGNATURE
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TO HOSPITAL OF ATTEMBLIES PHYSICIANT The law requires that the death cartificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fortered director, page 3 should be detached far use as the burial-transit permit. Then please/remove carban papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and (n any every); within 72 haurs after death. VR A15 (4) 25M 1/67

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	PLACE OF UEATH					2. USUAL RESIDENCE (Where deceased lived, it institution Residence bet	ore odmission)
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Ī	b. CITY OR TOWN (I	f outside corporate limit	\$,	c LENGTH OF STAY IN	16		est town)
				11 Hrs.		Rural Boonsboro	
- {	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, g			d STREET ADDRESS	e IS RESIDENCE
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		Maude		Estelle		Griffith DEATH June 1/,	19 67
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Bo lum	USUAL OCCUPATION	(Give kind of work done					
	nousewil	e					
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME	
	William	E. Easton				Mary Francis De Vall	
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	No.	an yes give wor or oases i	N	one	Mr.	Thomas C. Griffith, Rfd. 1, Boor	sboro,
MEDICAL CEKTIFICATION	PART I. DEAT A 4 3 Conditions, if ony, rise to immediations to immediations to immediate to im	H WAS CAUSED BY: IMMEDIATE CAUSE Which gove e couse (o), Ilying couse GNIFICANT CONDITIONS CO GNIFICANT CO GNIFICANT CONDITIONS CO GNIFICANT CONDITIONS CO GNIFICANT C	(o) TO (b) TO (c) ONTRIBUTING T 20b DE While of work	O OEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCCURRED TO SURY OCCURRENT OC	URRED (De PLAC	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) [Enter noture of injury in Part I at Part II of item 18.) [E. OF MJURY (Home, farm, pay, street, office bldg., etc.) [County]	WAS AUTOPSY PERFORMED? YES NO (Stote)
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	220 SIGNATURE	dry m	ruh	ie	•	ATTENDING HED. STAFF C -19	INED
		SIDNE	1 mo			FUNKSTOWN MD	
	BUY 181	6- 21-		Boonsboro		metery Boonsboro, Md.	, , ,
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Ú	onn H. B	ast, Jr. 1	2 N. M	ain St. Boo	nsbo	oro, Mar Ball & I 1001	1
	MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND CITY OR TOWN (If outside corporate limits, with RURAL and give nearest fown) 11 Hrs. CITY OR TOWN (If outside corporate limits, with RURAL and give nearest fown) THE CONTY THE CONTY AMEN OF OFFICE AND PASSAGE OR HELD OF STAY IN 16 AMEN OF OFFICE AND PASSAGE OR HELD OR STAY IN 16 AMEN OF OFFICE AND PASSAGE OR HELD OR STAY IN 16 MARKET OF OUTSIGHT OR HELD OR HELD OR STAY IN 16 THE ABOURDS OR THE RUBBESS OR HELD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 MARKET OF OUTSIGHT OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR HERD OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR THE REMARKS OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR THE REMARKS OR STAY IN 16 U.S. A. COLOR RACE 7 MARRIED NEODERS OR THE REMARKS OR CREATER OR THE REMARKS OR THE REMARK						



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08757	CERTIFICATE	OF DEATH		08755
1. PLACE OF DEATH				
COUNTY Na spinaton	MADVIAND	Merscland	b. (0, NTY	hington
_write RURAL and give nearest tawn)		_ '		2//
			dysville, Kid.	
d NAME OF HOSPITAL OK INSTITUTION (If not in haspital, gr	ive street address)	d. STREET ADDRESS		ON A FARM?
				YES NOX
3 NAME OF DECEASED (Type or print) FANNIE		GRIMM		3 1967
- ZANTE I WILLIAM	72		4 4 1 1	
WIDORED		Jucy 10 1	4 73 73 Yrs	
	ARTHON MARTIAND MARTIAND			
Housewife O	wn Home	Mt. Bria	r. Wash. Co.Md.	U. S. A.
13. FATHER S NAME				
George W. Gloss		Malinda	Keedv	
15 WAS DECEASED EVER IN J.S ARMED FORCES? 16. S	OCIAL SECURITY NO 17 IN	FORMANT	Address	a.
No.	0-16-1810 Mr.	Juther Oli		
	(a) (b) and (c))			
PART L DEATH WAS CAUSED BY		la acc	idlost	
2 2 / V (MIRLDINIT ORDS: (0)				The state of the s
Canditions if any which neve 5				
rise to immediate cause (a)				
stating the hudeliking canse f				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	HE TERMINAL D SEASE CON	IDITION GIVEN IN PART 1(a)	PEDEUDINEUG
Hypertensive arten	oschlight H	ian Dears	se- out CVA	promp grown
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Part I ar Part II af Item 18)	
PARE OF DEATH COUNTY COU		(County) (State)		
Haur a.m. White at wark	Nat While facto			7
21. I certify that (I) (this haspitar) attend	led the deceased fram	4/22 1	965, ta 6/3	, 1967, that (I) (we) la
saw the deceased alive an (> /	3_19 6.7, and that	death accurred at	9 35 M, fram causes an	d an the date stated above
Francieco G.	Japan MD	. PHYS	DIRECTOR PHYS	6/3/67
22c. PHYSICIANS FRANCISCO G	. JAPZON	22d. ADDRESS (· · · · · · · · · · · · · · · · · · ·	9 .
230 BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City of Town	(County) (State)
6.7 20 10 10 10	Rohrersville	Cemetar		
24. FUNERAL DIRECTOR	ADDRESS	2So. RECT	BY REGISTRAR 2Sb REG S	TRAR S SIGNATURE
John H. Best In 112 M M-	in Ct Dannels	no Ma Durellli		
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A Marie		08758	3		CERTIFIC	AIL	OF DEATH				- M-A
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offe ges affe	_	CITY OR TOWN (I	f outside corporate limit	is,	c LENGTH OF STAY IN	b	CITY OR TOWN (If ou	itside carparate limits	, write RURAL a	nd give nearest	town)
by 1 Pa		Hagerst	give nearest tawn) OWN		34 years		Hagerst	own			
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the first should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept of Health prior to burial, crematian, ar remaval, and in any event within 72 haurs after the state Dept of Health prior to burial.			AL OR INSTITUTION (If n		ve street oddress)		d STREET ADDRESS			· e	IS RES DENCE ON A FARM?
			lwyn Driv	7.0			313 De1	lwyn Dr.		У	/ES NO
	3	NAME OF DECEASED		ırst	Middle	_	Lost	4. DATE OF	Month	Doy	Year
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		SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		3. DATE OF BIRTH	9 AGE (I		UNDER 1 YEAR Inths Doys	IF UNDER 24 HRS. Hours Mirs.
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ian an	100 dur	ng mest of working.	(Give kind of work done te aven if retired)		O OF BUSINESS OR USTRY		11. BIRTHPLACE (County Lingle	& State, or foreign cou stown, F		12. CITIZEN OF COUNTRY?	WHAT
ifico ipsida al, a	13.	FATHER'S NAME	772				14. MOTHER'S MAIDEN I	NAME			
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IAN ficat ficat for for	CERTIFICAT	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b DESC	RIBE HOW INJURY OCCU	IRRED (Enter noture of injury in	Port 1 or Port II of its	sm 18)		
5 = + 8 =	MEDICAL		RY Month, Doy, Year	20d INJ While at wark	Not While		E OF INJURY (Home, form ory, street, office bldg., etc.)		r town)	(County)	(Stote)
		21. I certif	y that (I) (this has		d the deceased fro	m	pm 6 1	943 to Sh	mu/5	1967, the	at (1) (we) last
DR: puld			ceased alive an	June 1	5 1967, and	1/1/hat	death accurred at	43 0 PM, from	causes and	an the date	stated abave
		220 SIGNATURE	1. 5		2701		ATTENDING	MED SI	TARE 1	26 DATE SIGNE	/ 1000
DIR DE		N	and i	18 2	veen	M.D	PHYS	DIRECTOR L. PI	HYS LJ	6-16	, 6/
AL DO		22c. PHYSICIAN S NAME (Type)	3100	EY	NOVE	141	22d. ADDRESS	Michi	WW	MS	,
O HOSPII Page 4 m O FUNER director, shauld be	230	BURIAL (REMATIO			23c NAME OF CEMETE			23d LOCATION		(County)	(Stote)
5 5 5 2 W		REMOVAL (Specify) Duria.		-67	Rose Hil	Τ (rstown		
VR A15 (4) 25M 1/67	24	EUNERAL DIRECTOR Minnich	Funeral	Home,	Hagersto	wn,	Md. DATE RECT	20 1967	256 REGISTR	ARS SIGNATURI	egie



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by the lateral Pages 1 and 2

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

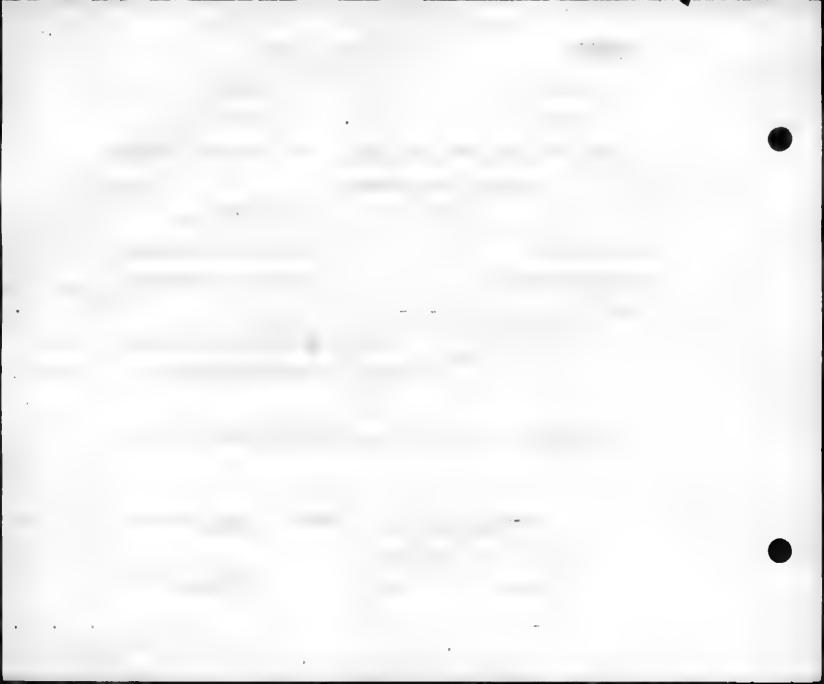
CERTIFICATE OF DEATH

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1	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceased			ce béfare	admissio	n)
	O. COUNTY WE	shington		\$4.5 D	YLÂND	o. STATE Per	ma.	b COUN	ITY F	rank	clin	1 /
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3	NAME OF	First		Middle		Hami 1 ton	4 DATE	Mont	h	Day	Yeo	ır
	(Type or print)	Harry		D.		Ham Lton	OF DEATH	June	28,	1967	7 19	
į.	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE		B DATE OF BIRTH	9	AGE (In years	IF UNDER			24 HRS
	Male	White	WIDOWED	DIVORCE		8/28/1891		ast birthday)	Months	Days	Hours	Min
ß	ACITAGE OCC IPATION	I (Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County	& State or force	n country)	12 (1)	TIZEN OF 1	TAHW	
	ring most of working			Dustry. rying		, ,			CO	USA		
_			Dal	T.AIIIR		Mercersh		d., A.	<u></u>	USA		
13	FATHER'S NAME	TT . P				14 MOTHER'S MAIDEN I						
	John	Hamilton				Carrie	Traye					
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO		NFORMANT			ss Pa			
11	res, no, or unknown)	(If yes give war or dates af s	20	04-30-50	8 0 M:	rs. Harry	D. Ham	ilton,	Merc	ersk	ourg	5.9
-	T IR CAUSE OF D	ATH (Enter only one cause	ner line for	(a) (b) and (c))						INTER	RVAL BET	WEEN
		TH WAS CAUSED BY	•		4	Lawren Volen	6.0	1.12.	4	QNSE	ET AND D	EATH
	4114	IMMEDIATE CAUSE (a)	•	Ch V-	MC	vs - unterto.	17015	- January		110	MON	- I de an
	Conditions, if any	Which gave		. 14	4	12/201	c. 1. 57	12	D: 4.		a .	
	rise to immediat	a course (a)		V VI pres	/ custi	NA - KHICIES	1612-271	DIENT	MUSER	7	77	17
	stating the unde	rlying couse)	
	last.) {c										
z	PART II OTHER SI	GNIFICANT CONDITIONS CON	ITRIBUTING T	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN	IN PART 1(a)			WAS AUTO PERFORM	
ATIO				Toia by	to A	nellitus, m	1116-				-	NO [
CERTIFICATION	200 ACCIDENT WA		205 DES	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Port II	of item 1B.)				
Œ	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
8	20st TIME OF IN II	JRY Month, Doy, Year	20d IN	JURY OCCURRED	20e PI &	CE OF INJURY (Hame, farm	n. 20f (City or town)	(Co	unty)	1	Stote)
MEDICAL	Haur o.	n.	While	Not While		ory, street, affice bldg , etc.)			100		f	,
4	p.r	п. 19	at work				A (==		0.45		101 -	
	21. I certi	fy that (1) (this haspi	tal) attend	ded the deceased	from	€-13,	1963, to	6-	ZO 19	67, tho	ot (I) (c	we) la
		eceosed olive on	<u></u>	128 19 67.	and tho	t deoth occurred of	4,30 PM,	from couses				d abov
	22a. SIGNATURE	1-	,	A		ATTENDING (MED	- STAFF -		ATE SIGNE	-	
		John JA	mes/	GA Gaz	M.I	D PHYS. LED	DIRECTOR L	J PHYS. L	1 6	-29	-6.	7
	22c. PHYSICIAN'S	John H. H				22d. ADDRESS	154 Wes	t Washi	ngton	St_{ullet}	9	
	NAME (Type)					Hagerst	own Md	. 21	740		
23	O BURIAL, CREMATIC	ON, 236 DATE THERE	EOF	23c NAME OF CEN	LETERY OR		~	TION (City or To		(County)	(S	tate)
	Burial Specify			Fair				rcersb		,	1-	,
7	24 FUNERAL DIRECTO			ADDRESS	ATOM	2Sq. RFC'I	D BY REGISTRAR	25b RF	GISTRAR'S	GNATURE		
_	4-11	ininger		Mercerst		Pa. DATE	D BY REGISTRAN	1967	Action			al.
1	KFLC + 1X	vrunges	,	1101.001.8F	urg,	ra. DATE		וקטו	7		1 A	,

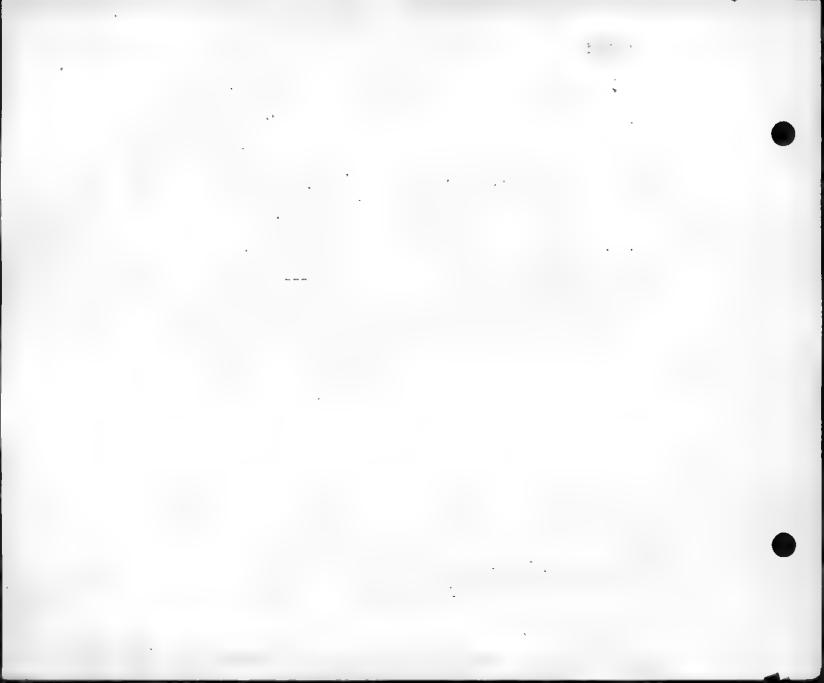
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTX o STATE b COUNTY Page Michigan MARYLAND delay b CITY OR TOWN (I outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (It autside corparate limits, write RURAL and give nearest town) ond 2, c. PM3 Hagers town Cass City Depa S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR, INSTITUTION of not n hospital, give street address) d STREET ADDRESS ward "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with farm 6351 Pine Street NO X State NAME OF M ddle 4 DATE Month DECEASED land 2 with the (Type or print) MC DEATH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS SEX B. DATE OF BIRTH **NEVER MARRIED** birthdoy) Months Hours June 30, 1938 WIDOWED DIVORCED hours after de 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during prost of working life, even if retired) INDUSTRY COUNTRY? Seeawaing, Michigan USA 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Leo Joseph Himmel mary Katherine Mary KLIMKOWSKI permit File 17 INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCAL SECURITY NO (Yes, ne. os unknown) (if yes give wor or dates of service) 38 9406 event within Navy Records INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) Synergistic action alcohol burial-transit | n any event w ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Sominex DUE TO Conditions, if any, which gove ingredients rise to immediate couse (a), farwarded to ⊆ DUE TO stating the underlying couse 0 hrs. gug 30 last. used WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) crematian, ar remaval, the certificate, shau d be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of Item 1B) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH files. MEDICAL 20e, PLACE OF INJURY (Home, form, (City or fown) 20c. TIME OF INJURY Month, Day, Year 20d .NJURY OCCURRED (State) the funeral director rage 4 si 5 may be retained for your fi 10 FUNERAL DIRECTOR: Page 3 Hour o.m. foctory, street, office bldg. etc.) Not While of work L. of work 21 I certify that I took charge of the remains described above, held an Autopsy [Inspect on Induiry and in my opinion death resulted from. Natural couses Su cide Accident Underermined monner CHIEF MEDICAL EXAMINER ACTUAL 5 mu, TO FUNERA. Health prior fr 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street city town, or county) NAME (Type) 230 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY ŁOCATION (City or 1 ((county) (Stote) BOYAL (Specify) V3/67 250 REC D BY REGISTRAR 25b 24 FUNERAL DIRECTO! VR A15ME (5) 6M 1/67

Items 18&21 Film 390 6-26 WARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT DEPT mermssary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Rage 4 should be forwarded to the Chief Medical Examiner's Office along with farm. PM3. Page any delay is the State Department of

This cert ficate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit. File pages 1 and 2 with Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

VR A15ME (5)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

	29780		MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	08760			
	LACE OF DEATH			2 USUAL RESIDENCE	(Where deceased lived, if in	stitut an Residence befare admission)			
0	Washingt	on	MARYLAND	Marylan	d Washi	ngton			
b	CITY OR TOWN (If autsid write BURAL and give n	e carparate amits.	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, writi	e RURAL and give nearest tawn)			
	Hagerst	own	18 years	Hager	stown	. 1			
d	. NAME OF HOSPITAL OR I	NSTITUTION (If not in he	aspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	863 Penn	a Ave		863 Pe	nna Ave	YES HIX			
	IAME OE	Eirst	Middle	Last		Manth Doy Year			
(Type or print) JOHN	WILLIAN	M LESTER HOO	VER	DEATH June	29. 1967			
5 S		OR OR RACE 7 M.	ARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In yea	IF UNDER I YEAR I IF UNDER 24 HRS			
M	ale W	hite w	DOWED DIVORCED	Sept 16 1	913 53 Y	y) Months Days Hours Min			
10a	USUAL OCCUPATION (G ve k	ind of work done	10b KIND OF BUSINESS OR	11 B.RTHPLACE (Stat		12 CIT ZEN DE WHAT			
duni	Expediter	n if retired)	Fairchild	Herenste	wn Wash Co	Md COUNTRY 2			
13.	FATHER'S NAME		rationity	14. MOTHER'S MAIDEN		ALC:			
	Roy H. H	OOTOT		Beggte	Sprankle				
15			16 SOCIAL SECURITY NO 117	INEORMANT		Address			
(Yes	, no, or unknown) (If yes g	ve war ar dates of serv	16 SOCIAL SECURITY NO 17 214-09-7026 Mr	a Madalin	e Brown Sc	3 Penna Ave			
1				Hacerat	town Md.	INTERVAL BETWEEN			
- 1	I PART I DEATH WAS CAUSED BY:								
	7	MMEDIATE CAUSE (a) DUE TO	varnon wonoxide ro	1soning		Several minutes			
	Canditians, if any, which	anua 1							
	rise ta immediate cause	(a), (DUE TO							
	stating the underlying clast.	duse							
1) (c)				LIQ. WAS THEODS			
8	PART II OTHER SIGNIFICA	NT CONDITIONS CONTRIB	BUT NO TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE O	ONDITION G VEN IN PART 1(0	19 WAS AUTOPSY PEREORMED?			
CERTIFICATION						YES NO 5			
	20a EXTERNAL CAUSE WA PRIMARY CONTRIBUT		20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of intury ii	n Part I ar Part II af item 18)			
	CAUSE OF DEATH		from exhaust into 20d NJURY OCCURRED 20e PLA	car with a	ll doors lock	red.			
MEDICAL	20c T ME OF INJURY Mo	nth, Doy, Year	20d NJURY OCCURRED 20e PLA	CE OF INJURY (Hame, fai	rm, 20f (City or low	n) (County) Md (State)			
₹		-29- ¹⁹ 67	at work of work w Wish	ary, siteel, affice blog, et land Road	Route / Hager	estown Washington,			
			the remains described obove, he	id on Autopsy	, Inspection ,	Inquiry , ond in my opinio			
	aeoth resulted fro		com com		96.3	d monner			
	/			CHIEF MEDICA		- memor			
	ACTUAL SIGNATURE	day of	-18	M.D. ASSISTANT MI	ED CAL EXAMINER	22. DATE SIGNE			
	EXAMINER'S	-	ALLE S	5	CAL EXAMINER	5-30-67			
	NAME (Type) Dr.	E. W. Ditt	to. Jr.			lagerstown, Md.			
230.	BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR		23d. LOCATION (City of				
	BUY 1 (Ser fv)	7/1/67	Rest Haven	Cemetery					
24	EUNERAL DIRECTOR H	agerstown	MA ADDRESS	2Su REC	D BY REGISTRAR 2St	REGISTRAR'S S GNATURE			
	Andrew K.	Coffman	Funeral Home I	ne DATEJU	JL 5 1967	ycharles Judge			
					- 0 01	//			



MARYLAND STATE DEPARTMENT OF HEALTH

08762

IS RES DENCE ON A FARM?

YES NOT

HOURS ease burial, tremation, or removal, buriol-transet Page 4 may be retained by the hospital or ottending physician. d for use os the of Health priar to has TO FUNERAL DIRECTOR: director, po

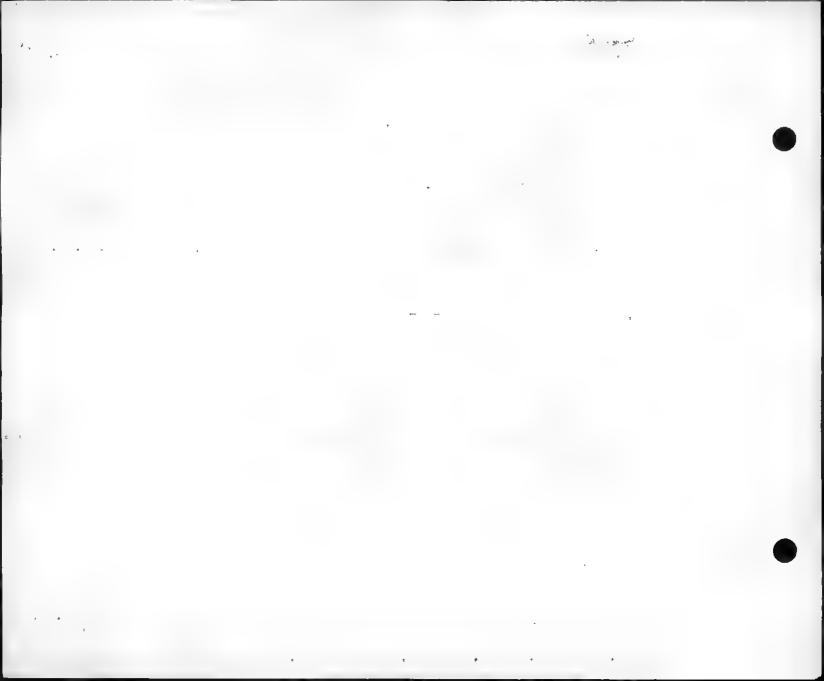
OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08763 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Maryland Washington

(CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
b CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give necrest town) Hagerstown 5 Yrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital 2325 Marsh Pike NAME OF Middle 4 DATE Month DECEASED OF DEATH Arthur June 16. H. Humberston (Type or pont) 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) May 28. 1904 Mala White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) INDUSTRY Freindsville, Md. Education Teacher 14. MOTHER'S MAIDEN NAME

19 67 S SEX SE LINDER 24 HRS IF UNDER 1 YEAR 10o USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? 13 FATHER'S NAME Catherine Umbel Hiram Humberston IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Hagerstown, Md. (Yes, no. or unknown) (If we give wor or dotes of service) Miss Jane Humberston, 2325 Marsh Pike, 378-12-8279 No. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF E-THER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour om. factory, street, office bidg , etc.) Not While at work of work 21. I certify that (1) (this hospital) attended the deceased from John M. from causes and on the date stated above. saw the deceased alive on_ and that death occurred at // 22n SIGNATURE DATESIGNED M.D. PHYS PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME ILVOET 23d LOCATION (City of Town) (County) D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, Crema Lion 6- 19- 67 Fort Lincoln Crematory Bladensburg 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR John H. Bast, Jr. 112 N. Main St. Boonsboro Md Dall

VR A15 (4) 25M 1/67



	08764	CERTIFICATE	OF DEATH	02763						
٦,	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased	lived, if institution: Residence before admission)						
	a COJNIY Washington	MARYLAND	o STATE Maryland Mashington							
	b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURA, and give nearest fown)							
	Boonsboro	18 Monthe	Rural Boonsboro							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?						
	Reeder Nursing Home		Rfd. 2	YES X NO						
	NAME OF First	Middle	cost 4 DATE	Month Day Year						
	DECEASED (Type or print) Edward	Jacob	Hutzell OF DEATH	June 17, 19 67						
S	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH 9	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min.						
	Male White WIDOWED	DIVORCED	Sept. 25,1876	90 yrs 8 22						
100	SUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (County & State, or fore)	gn country) 12 CIT ZEN OF WHAT COUNTRY?						
001		rmeing	Zittlestown, Md							
13.	FATHER S NAME		14. MOTHER'S MAIDEN NAME							
	Samuel Hutzell			Katherine Lapole						
1S.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address						
(,	No. 2	19-01-7450 Mr	. Roscoe C. Hutzel	1. Boonsboro, Md.						
	18. CAUSE OF DEATH (Enter only one couse per line for PART DEATH WAS CAUSE BY. IMMEDIATE CAUSE (o)	or (9), (b), and (c).)	my Eurphys	INTERVAL BETWEEN ONSET AND DEATH						
CATION	PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO									
MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICA	20k. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, leaves, le									
	21. I certify that (I) (this hospital) attended the deceased from 6-1-1, 1965 to 6-19, 1967, that (I) (we) last saw the deceased alive an 6-13 1967, and that deoth occurred at 2504 M, fram causes and an the date stated above.									
	220 SIGNATURE Robert Course M.D. ATTENDING MED DIRECTOR PHYS 1 6-14-67									
	PHYSICIAN'S NAME (Type) Robert P. Corrad 22d. ADDRESS Hagenstown, ma									
230	b. Bur.al, (REMATION, 23b DATE THEREOF BUT 1 (5 pecify) 6- 20-67	Boonsboro Ce		ATION (City or Town) (County) (Stote) Onsboro, Md.						
24	FUNERAL DIRECTOR	ADDRESS		R 256 REGISTRAR S SIGNATURE						
J	ohn H. Bast, Jr. 112 N. M	ain St. Boonsbo	250 REC D BY REGISTRAL	Michaeles Judge						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fidirectar, page 3 should be detached far use as the burial-transit permit. Then please remove carban pagers. Pages I should be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any event, which I have safter Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



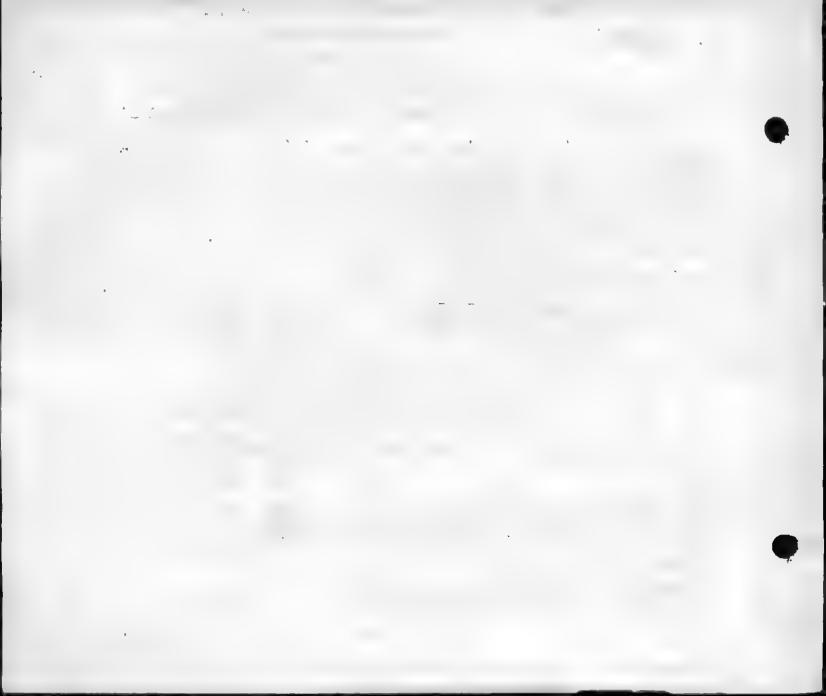
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE OF DEATH

08763			CLKI	11167	TIE OF DEAT	11		Reg. Dist	l. No.	_00765		
1 PLACE OF DEATH o. COUNTY Wash	nington		MAR	YLAND		a.	b. COUNTY	Fran	ıkli	in /		
b. CITY OR TOWN (IF RURAL and give ne Hagers	autside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF Rural		cersbur			est town)		
d. NAME OF HOSPITA OR INSTITUTION	At (If not in hospital, g Wash e Co				d. STREET ADDRESS $R_\bullet D_\bullet$	1			e	IS RESIDENCE ON A FARM? YES A NO		
3. NAME OF DECEASED (Type or print)		FTON			KEEFER	4. DATE OF DEATH	June	3,19	67	Yeor 19		
s sex Male	White	WIDOWI	1	ED 🔲	8. DATE OF BIRTH 7/24/1892		last birthday]			F UNDER 24 HRS. Haurs Min.		
Farmer	N (Give kind af wark ing life, even if retired	done 10b. Ge	n. farmi	or indus .ng	Mercers	burg,	ouniny) Pa.,R.#		USA	WHAT COUNTRY		
	edon E.K				Elmira		rnbaker					
No	If yes, give wor or dates of s	rvice) 2	205-09-68	193	Mrs. Clift	on Ke	Addresefer, Ke		D. ibui			
PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	10	ne los la). (b), and (c)	ercl	ve eard	0 60	sala		INTER	EVAL BETWEEN T AND DEATH		
Conditions, if on gove rise to in couse (a), stating the lying couse last.	he <u>under-</u> DUE TO)			esse							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					NOT RELATED TO THE TERM			N IN PART		PERFORMED?		
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)). (Enter nature af injury in		·					
20c. TIME OF INJURY Hour a. jr. p. m.	Manth, Day, Yet	While at work	Nat while at wark	20e. PLA fac	CE OF INJURY (Home, far- tary, street, affice bldg., et	m, i 20f. (Cit)	ar town)	(Cc	ounly]	(elot2)		
	PHYSICIAN'S (1) 1 165											
220. BURIAL CREMATION REMOVAL Specify BUF 1 a 1 23. FUNERAL BIRECTORS	667/67	F	22c, NAME OF CEA Pine G	POVE	Cem	Mer	TION (City, town, or Cersbur TRAR 24b, REGIS	c.Pa.		(State)		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, uld be filed with TO FUNERAL DIRE. After this certificate has been signed by the attending physician and completely filled in the page 3 should be the first we as the burial-transit permit. Then please remaye carbon papers. Rages 1 and the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours with death. death.

VS A15 (4) 15M 9/55



08766

CERTIFICATE OF DEATH

08766

	PLACE OF DEATH a. (OUNTY				2. USUAL RESIDENCE (Where deceosed wed, if institution: Residence before admission) o STATE b. COUNTY					
_	Mashing			MARYLAND	° Maryland	on				
	b CITY OR TOWN (If autside carporate fimits, write RURAL and a ve nearest town) Hager stown			c LENGTH OF STAY IN 16		Pside carparate limits, write RUI	(At and give n	ve nearest tawn)		
_				2 Days	Boonsbor	70	pu 3	1 / DECIDENCE		
		AL OR INSTITUTION (If not in		•	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?		
		ton County H	lospit		123 Poto			AE2 NO X		
	NAME OF DECEASED (Type or pnot)	Devona.		Middle	last Cephart	OF DEATH June	26,	19 67		
5	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 Y Manths D			
	Female	White	WIDOWED	DIVORCED	Nov. 16, 19	12 54 yrs	7	10		
i O a	USUAL OCCUPATION	(Give kind of work done	10b, KII	ND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZ	ZEN OF WHAT NTRY?		
-	ing most of working Practice	I Nurse	Nü	oustry Lrsing		on Co., Md.	Ŭ.	. S. A.		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
		M. Hornbecke			Barbara Ellen Blair					
IS. Ye	WAS DECEASED EVE اعمرین	R IN U.S. ARMED FORCES? (If yes give war or dates of se	rvice l	- / -	INFORMANT	Addre				
_	No.		121	.3-16-1230 Mr	s. Margaret	N. Hayes, Cave	etown,	Md.		
		ATH (Enter only one cause H WAS CAUSED BY	er line far	(a), (b), and (c).)				ONSET AND DEATH		
	TAKI I. DOM	IMMEDIATE CAUSE (o)	w	ulla j	*					
	Conditions, if any, which gave) (b) Cherriel Sometry recommends.									
	rise to immediate squise (a)									
	stating the underlying cause Due to									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19 WAS AU									
CATION	PART II. DIHEK SP	SNIFICANT CONDITIONS CONT	ESBUTING T	U DEATH BUT NOT RELATED IN	THE TERMINAL DISEASE CO	NUTTION GIVEN IN PART 1(0)		PERFORMED?		
B	20 according The	ange en	Joh Bo	COURT JOHN INDIAN OCCUPANT	Catar acture of pure a	Dark I or Dark II of item 10 \		YES NO		
CERI	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enternature of njury in Part II or Part II of item 18)									
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or town) (County)									
ME	Hour a.m. 19 While at work at work at work									
	21. I certify that (1) (this hospital) attended the deceased from June 24, 1967, to June 26, 1967, that (1) (we) loss									
	sow the deceased give on two 26 1967, and that death occurred at 722 M, from couses and an the date stated above									
	220. SIGNATURE M.D. ATTENDING MED STAFF DIRECTOR PHYS 22b. DATE SIGNED									
	NAME (Type) FR PANCISE F. 120 SILLO 5 80 Kurthern ave. Hag.									
230	BURIAL, CREMATIC	N, 236. DATE THERE)F	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or To	wn) (C	(State)		
	Buria!	6- 29-	67	Boonsboro C	emetery	Boonsboro	Md .			
24	I. FUNERAL DIRECTO	R		ADDRESS	250 REC	D BY REG STRAR 256. RE	GISTRAR'S SIC	NATURE		
.To	hn H. Re	st Tr. 112	N. Mo	in St. Boonsh	ONO MA DATE	N 3 0 1967 /		10		

and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any electronish. Within 72 haurs affer depth Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4	08767	CERTIFICAT	E OF DEATH	08767
١	1. PLACE OF DEATH			lived, If Institution: Residence before edm ssion)
1	Washington	MARYLAND	*. STATE Maryland	Frederick / _
ı	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete in	mits, write RURAL and give nearest town)
	write RURAL end give neerest town) HageI's town	16 days	Middletown	
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	. IS RESIDENCE
	Washington Co. Hospital			ON A FARM? YES NO X
	3. NAME OF First	Middle	Lest 4. DATE OF	Month Day Yeer
		NER KLEIN	DEATH	6 8 ₁₉ 67
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH 9. AGE	(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	female white widows	D DIVORCED	9/18/1901 6	yrs. Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
	10 000 - 0 100 - 0 - 0 - 0	own home	Frederick Co., Mc	U.S.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Andrew_J. Klein		Mary E. Remsberg	
		SOCIAL SECURITY NO. 17. 17	VFORMANT	Address
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes give wer or detect service) 21	.7-28-7044 Hom	ewood Church Home,	Williamsport, Md
	18. CAUSE OF DEATH (Enter only one cause per I	ine for (e), (h), end (c),) ^	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Rioscieratic 1	AKRIOVASCULAR	risease 10 yrs +
	DUE TO		11+1	
	Conditions, if eny, which \ (b)	17 betes (Nellitus	: 24es +
	geve rise to immediate cause			~
	(e), stating the underlying course last.			
		TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a), 19. WAS AUTOPSY
	& Ambutation to R	ANGRO NO FR	oot Lt. Reambutetic	Thick YES IN NO IN
	200. ACCIDENT WAS UNDERLYING 20b. DES		. (Enter neture of Injury in Per I or Pert II of ite	
	PART 11. OTHER SIGNIFICANT CONDITIONS CON And to		, fruid, Housing of Hilbert and one of our is of the	
			CE OF INJURY (Home, ferm, 20f. (City or tow	n) (County) (Stete)
	Hour e.m. White		ry, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attend	ded the deceased from	MAY 23 1967 to JO	n.e. 8, 1967, that (1) (we) last
	saw the deceased alive on Tune	7 19.67 and that	teath occurred at 1 10 M. from the s	euses and on the date stated above.
	229 SIGNATURE			22b, DATE
	(setan) to	M. J. M.	ATTENDING MED. STA	
	22. PHYSICIAN'S	110	27d. ADDRESS	11
1	NAME (Type) KICHARU V	HHUVER	247 NiTotomac)	+. HAGERSTOWN, Ma
	236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION	(City, town or shunty) (Slete)
	burial 6/11/67	Reformed C	emetery Middle	town. Md.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
,	Gladhill Company, Mid	letown, Md.	DATE JUN 12 19k	The state of the s

1.13 57 71 1.1 1 1 " "

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00700

CERTIFICATE OF DEATH

02762

00100	CERTITICATE	OI DEMIN		00.00
PLACE OF DEATH O COUNTY WASHINGTON	MARYLAND		Yhere deceosed lived, if institution RYLAND b COUNTY	
b CITY OR TOWN (If outside corporate limits, with Authority Coopy town)	15 YRS.	c. CITY OR TOWN (IF OU HAGER	tside corporate limits, write RURAI STOVIN	and give nearest town)
WASHINGTON COUNTY	pitol, give street oddress) HOSPITAL	d STREET ADDRESS 57 W.	WASHINGTON S	e 15 RES DENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) CHARLES	WILLIAM	LIGHTNER	4 DATE Month OF JUNI	J 19 4 7
MALE 6. COLOR OR RACE 7. MAR WIDO	RRIED NEVER MARRIED	6. DATE OF BIRTH 5/17/19	OO losi dindoy)	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
On ARMY December 19 19 19 19 19 19 19 19 19 19 19 19 19	NAUSTEL ROAD	PENNS:	8 State, or foreign country) YLVANTA	12 CITIZEN OF WHAT COUNTRY'S A
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
(Yes, 178 Sunknown) (If yes give war or dates of service)	N A	MRS. ELVA	Address L. LIGHTNER	HAGERSTOWN MD.
1B. CAUSE OF DEATH (Enter only one couse per li PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		ginara 1.	La fiver Typen	INTERVA, BETWEEN ONSET AND DEATH
Conditions, if any, which gove (b)	Primary site	undeter	emured	unhan
stoting the underlying cause DUE TO			-	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU 200 ACC DENT WAS UNDERLYING 1 22 OR CONTRIBUTING 1 ACRES OF DEATH HE FURREN NOTICE MEDICAL EXAMPLES		THE TERMINAL DISEASE CON	. ,	19 WAS AUTOPSY PERFORMED? YES NO
	OB DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of Item 18)	
Hour 'o.m.		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (Stote)
21. I certify that (I) (this haspital) a saw the deceased alive an	attended the deceosed from		9 <u>63</u> , ta <u>6</u> /3 1 <u>24374</u> M, fram causes an	d on the date stated obove
220 SIGNATURE Edinals hi	web Mc	ATTENDING ATTENDING	MED STAFF DIRECTOR PHYS	22b DATE MIGNED 67
22c. PHYSICIAN'S NAME (Type) Dr. Edson 1	Moody	22d. ADDRESS 115 S. P	rospect St. Hag	erstown, Md.
230 BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	L CEM.	23d. LOCAT ON (City or Town HAGERSHOW)	(County) (State) WASH. MD
24. FUNERAL DIRECTOR	ADDRESS	250 RECT	BY REGISTRAR 25b 189	TRAPS TEMAT Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death contrate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

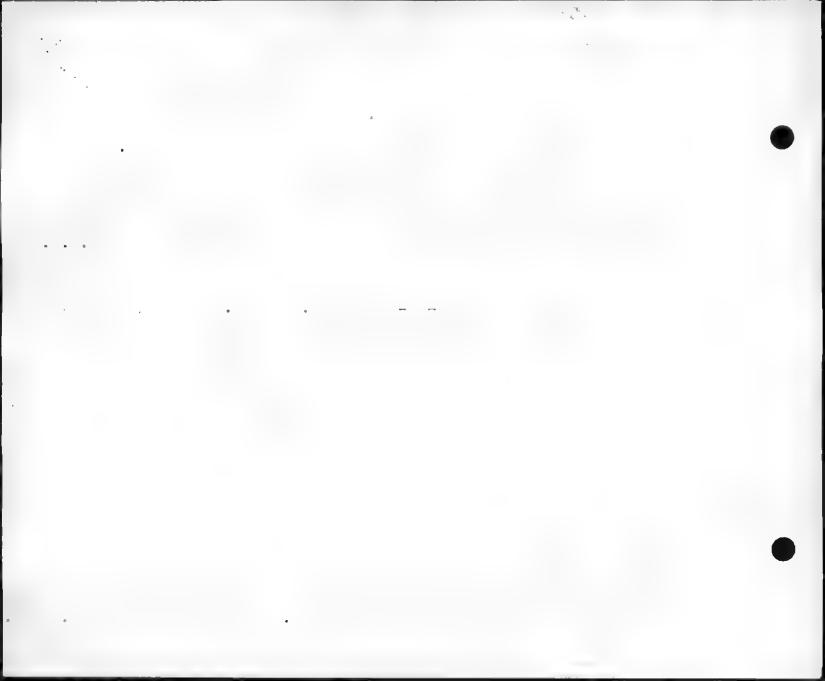
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puo \ the funeral

ian and completely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending providing and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers.

-should be filed with the State Dept of Health priar to burial, crematian, or remaval, and in any event, within 72 had VR A15 (4) 25M 1/67



funerol within 24 hours offer .⊆ and in any event, within 7. signed by the attending physi burial-transit permit. Then pl burial, cremation, or removal, has been see as the better the prior to be OR ATTENDING PHYSICIAN: The law After this certificate had be detached for use to Stote Dept. of Health be retoined DIRECTOR: director, page 3 should be filed v

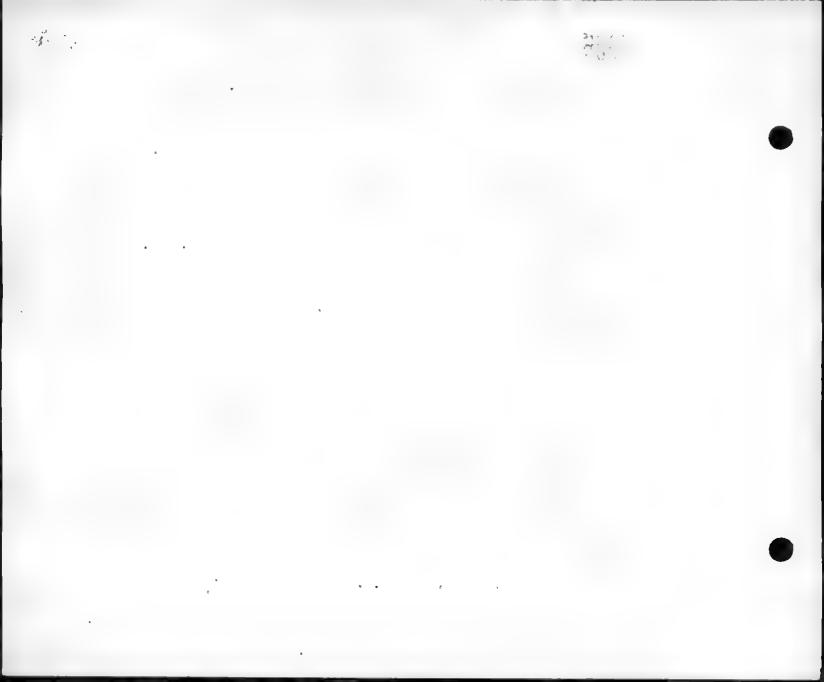
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08769 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY Washington Wash. Md. MARYLAND b CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate timits, write RURAL and give nearest town) write RURAL and give nearest tawn) Hagerstown Hagerstown 61 years d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Garlock Convalescent Hospital 1379 Marshall St. NO [NAME OF Middle 4. DATE Manth Manspeaker OF DEATH DECEASED Blanche Elizabeth June 11. 67 (Type or print) S SEX B. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last_birthday) 9-11-87 Haurs female white WIDOWED T DIVORCED 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of warking life, eyes if retired) INDUSTRY COUNTRY ? Martinsburg, W. Va. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Howard Runkles Sallie Buddhi 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Frances Shank, Hagerstown, Md. none 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH sclewic heart IMMEDIATE CAUSE (o) DUE TO Husulosu Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS ALTOPSY PERFORMED? NO 4 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port (or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED, CAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Hame, farm, 20f (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) While Nat While at wark 21 I certify that (1) (this hospital) attended the deceased fram_ 1958, to June 11, 1967, that (1) (we) ost 7/29 saw the deceased alive on June 10 1967, and that death occurred at 4 M, from causes and on the date stated above. 22or STGNATURE 22h. DATE SIGNED 6-12-67 M.D PHYS PHYS PHYS-CIAN'S Washington Street Edward W. Ditto, III. M.D. NAME (Type) Hagerstown, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Eity or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) Rose Hill Cemetery 6-13-67 Hagerstown, Md. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

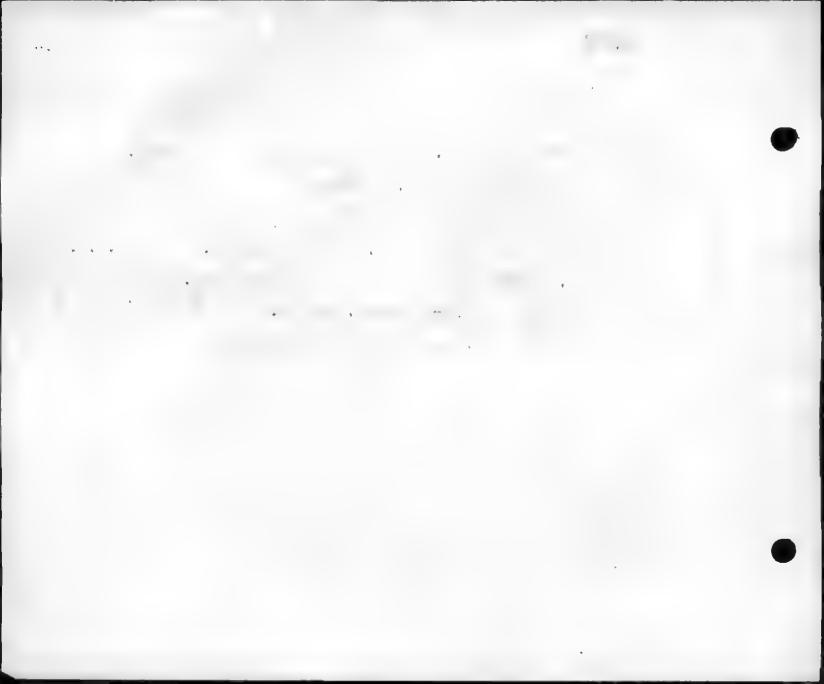
Minnich Funeral Home, Hagerstown, Md.

TO FUNERAL VR A15 (4) 25M 1/67

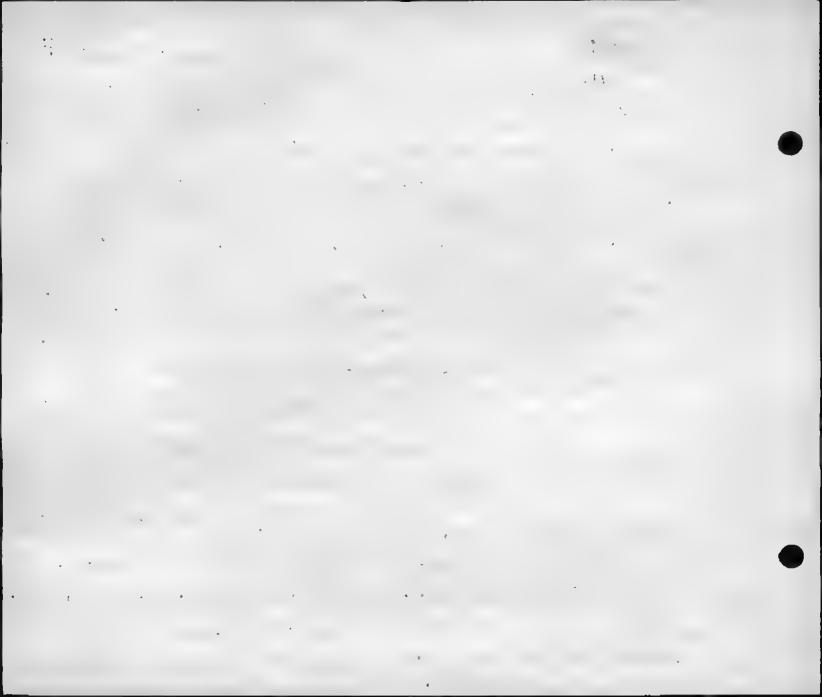
O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS. 08770 within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY Maryland Washington MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 15 Baltimore. Maryland 2 Years Williamsport d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street oddress) .⊑ filled 772 Charing Cross Rd. Romewood Church Home Inc. YES NO 3 NAME OF 4. DATE DECEASED :67 June 23. Charlotte event, DEATH (Type or print) law requires that the death certificate be executed 9. AGE (In years ost birthdoy) E UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH Months and in any DIVORCED White WIDOWED July 14.1882 Female 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) physician a Baltimore MD. Ins. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, Charlotte M. Lohmeyer August H. Markert 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 2750 AVE. Ave (Yes, no, or unknown) (If yes give wor or dotes of service None burial, crematian, ar 219-18-21424. Mark G. Wagner Williamsport, Md 21795 INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c),
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) signed by the burial-transit ONSEL AND DEATH DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO ficate has been s far use as the b f Health priar to b stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 1B.) 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauls be detached f shauld be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) Hour o.m. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 1967, and that death accurred at 200 M, from causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATURE 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 077720 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION, REMOVAL (Specify) Loudon Park Cemetery Baltimore Maryland 6/27/68 Andrew K. Coffman Funeral Hone Inc. 2So RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE Menselas Hagerstown, Maryland



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH	RYLAND おかけな
-		D 6_6_L
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Resident 5. COUNTY 5. COUNTY 6. COUNTY	ce bafore edmission
_	Washington Maryland Jenha Frah	Klin -
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest lown)
_	d. NAME OF HOPPITAL OR INSTITUTION (if not in hospital, give streat edgress) d. STREET ADDRESS d. STREET ADDRESS	C Is Francisco
	d. NAME OF HOPPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3	NAME OF First Middle Lest 4 DATE Month Day	YES NO
	DECEASED (Type or print) Part Tune 12	
S.	Dertha R. Martin Vone 23	1967 IF UNDER 24 HRS.
	Eni / Just birthday) Months Days	Hours Min.
10	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. SIETHPLACE (County & Stella or forming country) 12. CITIZEN O	F WHAT COUNTRY
7	one during most of working tifa, evan if retired)	M
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	W
1	April Matzlein Ratherin Klailein	
S	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	ab
(Y	es, no, or unkown) (Ifyas givawar or datas of service)	16.
_	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	TERVAL BETWEEN
		SET AND DEATH
	H& M DUE TO	
	Conditions, if eny, which \ (b) Cardiac dilitation-myocardial insufficiency	11
	gave rise to immediate cause (a), stating the underlying DUE TO	
		0_yrs
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	9. WAS AUTOPSY PERFORMED?
		YES NO
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Itam 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour e.m. Whila Not Whila factory, street, office bldg., etc.)	(State)
	21. I certify that (I) (this hospital) attended the deceased from 1939 to June 23,, 19.67 II	
	saw the deceased alive en	e stated above.
	22a. SIGNATURE AITENDING MED. STAFF TOWNS OF THE PROPERTY OF	22b. DATE
	22c, PHYSICIAN'S DIRECTOR PHYS. JUNE 22d. ADDRESS	74, TAOL
	NAME (Type) William C. Brower, M.D. 359 E. Baltimore St., Greencastl	m. Penna.
23	B BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stele)
	Burial 6/27/1967 Ceder Greve Menhoute Greencastle Frankli	in Ca Fo
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAT	TURE
1	Hornell M. Zammerman Strangeste, Po DATE JUN 2 1 1967 Ocherela	, Juste
£	J. Committee of the state of th	



IEALTH MORE, MARYLAND 21201

13	08772		ARYLAND STATE DEP RECORDS, 301 W. PRESTO CERTIFICATI	
er death	1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE O STATE MC
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l in Pers. 72 h		R INSTITUT ON (If not in hospital,	_	d. STREET ADDRESS

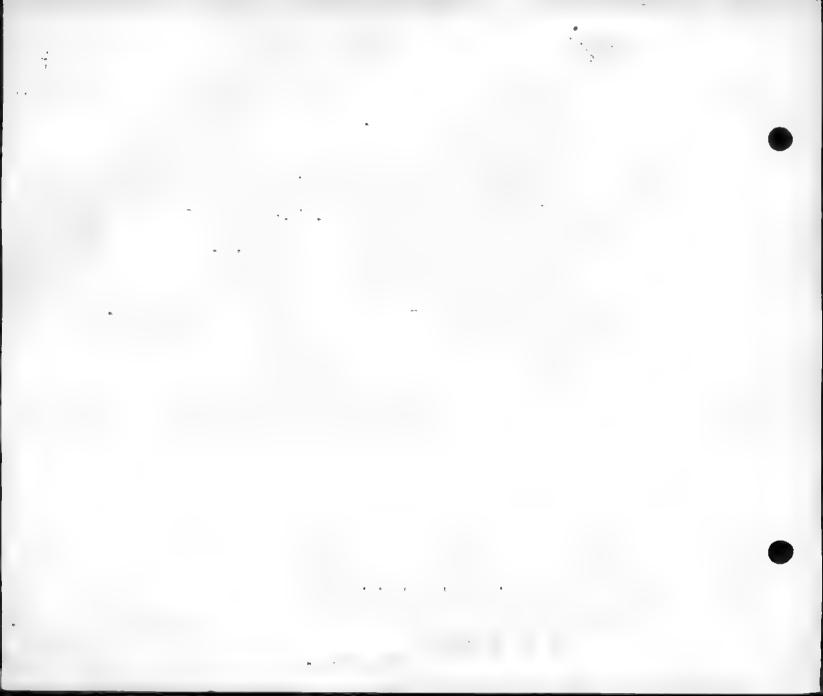
ATH					0	8	7	75	?
CIDENICE	Mark	Assessed lived	1.6	imaginasia m.	Desidence	la a f		a day.	:

	LACE OF DEATH					2. USUAL RESIDENCE (W	Where deceose			before odmiss	ion)
	. COUNTY	Washing		MARYLA	ND	O STATE Mari	yland	b. COUNT	Was	shingto	n
Ь	. CITY OR TOWN (If outside corporate limits,		r LENGTH OF STAY IN	lb	CEITY OR TOWN (If out	tside corporate	limits, write RURA	L ond give r	neorest town)	
	MINE KOKAL DIK	give neorest town) dagerst	0	14 yrs		Hag	erstow	n ,			
d	, NAME OF HOSPIT	AL OR INSTITUT ON (If not		give street oddress)		d. STREET ADDRESS				e IS RESI	
		ington Coun	ty Hos			1713	2 Cres	t Drive			NO X
	IAME OF	Firs	1	Middle		Last	4 DATE OF	Month			еог
(1	(ype or print)	Alber	<i>t</i>	Burgess	-	lc Kinley	DEATH	June			67
S. S	Male	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	9	AGE (In years lost birthdoy) yrs	Months E	TEAR IF LNDE	R 24 HRS
10-		(Give kind of work done	WIDOWED	ND OF BUSINESS OR	□ ha	t. 19,1903		1	12 (17)	If the OF MODAL	
durin	ia most ef warking	life, even if retired)		DUSTRY Trigeration		11 BIRTHPLACE (County 8		igन रक्तमार भ)	COU	EN OF WHAT	
	saces	man	Keg	rigeration		Hancock			ue	H	
13.	FATHER'S NAME	Albert Bu	haa44	Ma Kinlan		14 MOTHER'S MAIDEN N	_				
is	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. IN	FORMANT	Perkin	Address	c		
(Yes	, ng., or unknown)	(If yes give war or dates of	convent	9-03-0787		Mark Fost		Hancock,			
	/Yo					nac Joan		Nuncock	riue	COTEDICAL DE	THEFT
	PART I DEAT	EATH (Enter anly one cause IH WAS CAUSED BY:	1	(o), (b), and (c).)		1	0	,	,	ONSET AND	
	-	IMMEDIATE CAUSE (cute uy	mp	becytic	- 4.81	1/5- Brown	0	3-4	Mas
11	 ✓ ¬ → Conditions, if ony, 	OUE !	0	V		-					
	rise to immediat	e couse (n)	b)								
1 1	stoting the under	rlying couse	-								
1 1	lost.		d								
3	PART II. OTHER SI	GNIFICANT CONDITIONS CO	The second secon		ED TO TH	E TERMINAL D SEASE CON	IDITION GIVEN	IN PART 1(a)		19 WAS AUT PERFORA	OPSY MED?
IE I		Diabetas	Mel	litue.						YES 🗌	NO 📑
8		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCU	URRED (E	nter noture of injury in F	Port I or Port	II of item 18)			
1 = 1	20c. TIME OF INJU	JRY Month, Day, Year				OF INJURY (Home, form,		(Cty or town)	(Coun	ty)	(Stote)
AF	Hour o.n	10	While of work		factor	y, street, office bldg., etc.)					
1 1		fy that (I) (this hosp			om A	1019 11	967 10	June 6	1962	7 that (I) ((wa) lost
	sow the de	eceased olive on 5	une.	6 1967, on	d that	deoth occurred of	900M	from couses of	nd on the	dote stote	d obove.
	220 SIGNATURE	^	- L	1			MED		22b. DATI		
	2 din	and Ist	4/14	A ZIT	M.D	ATTENDING PHYS	DIRECTOR [STAFF PHYS	6-	6-67	,
	22c PHYS CIÁN'S		TO.2 A. J.	TTT		22d ADDRESS	100/1	. (. 01	Ha	gerston	estay
	NAME (Type)			, III, M.D.		217 W. a	Kosum	grove dr		Hd-	
230	BURIAL, CREMATIC		EOF	23c NAME OF CEMETE				ATION (City or Town	,	County) (Stote)
	REMOVAL (Specify		67	Union Ceme	tery			nnellsbu			Pa.
24.	FUNERAL DIRECTO	R Wlev. C	i. Ho	ADDRESS		2So REC D	BY REGISTRA		ISTRAR S SIG		
	Rest	laven Junera	1 Chap	el Hagerst	own.	Md_ DATE SU	14 ()	1001		C. C.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cambletely filled director, page 3 shauld be detached far use as the bur al-transit permit. Then please fermine carban pap shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and magazevent, within 7 VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Pmgm 4 may We retained by the haspital or attending physician.



2So REC'D BY REGISTRAR

1967

25b REGISTRAR S SIGNATURE

24. FUNERAL DIRECTOR Roy Dawson, Hagerstown, Md.

VR A15 (4) 25M 1/67



	O C PP PP		OF THAL K	•	•	ORL, MARILAND 21201	
K	0877	4		CERTIFICATI	OF DEATH		08774
		ashington		MARYLAND	o. STATE M	Where deceased lived, if institution b. COUN	Wash.
	write RURAL on	If outside corporate limit d give neorest tawn)	5,	c LENGTH OF STAY IN 16		utside corporate limits, write RJR	AL and give nearest town)
ŀ	Hagerst	OWN: TAL OR INSTITUTION (IF I	at in hacintal in	50 years	Hagerst	OAH	e IS RESIDENCE
0	219 N.	Mulberry			219 N.	Mulberry St.	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or point)	Hub	ert	William	Moats	DEATH	une 14, 1967
	s sex male	6. COLOR OR RACE white	7 MARRIED : WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 6-12-90	9. AGE (n years last birthday) yrs	Months Doys Hours Min
	100 USUAL OCCUPATIO	N (Give kind of work done life even if retired)		ND OF BUSINESS OR DUSTRY bldg.	, ,	8 State, or foreign country) 11e, Md.	12 CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	Frisby Mo	ats		14 MOTHER S MAIDEN	Bertha E	Coton
	TS WAS DECEASED EV	R IN U.S. ARMED FORCES?	of service) 16		INFORMANT	Addres	
					s. Leona	M. Moats, Ha	gerstown, Md.
	18. CAUSE OF D PART I. DEA	1	(0)	(o), (b), ond (c).) MYCCARDIAL INF	ARCTION		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any fise to immedia stoting the under last.	te couse (a), ((b)	duanced	athero	Sclesosis	years
2	PART II. OTHER S			SEM CO	THE TERMINAL D SEASE CO	NOITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO X
	☐ I (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I ar Port II of item 18)	
	20x TIME OF IN		67 While of work	Not While G	ACE OF INJURY (Home, formation, street, office bldg , etc.)	Hagersto	Glam (County) (Stote)
		fy that (I) (this has eceased alive an_	pital) attend	led the deceased fram_a	it death accurred at	19 66 , ta_ 6	, 19 67 , that (1) (we) last
	220 SIGNAZURE	Ma.	rde	le m	D. PHYS.	MED STAFF DIRECTOR PHYS.	C/C/C/C)
/	22c. PHYSICIAN : NAME (Type		ANDELL,	M.D.	22d. ADDRESS 119 E.	ANTIETAM STREE	т /
	230 BURIAL, (REMATI REMOVAL (Specif			23c. NAME OF CEMETERY OR Rest Haven		23d .OCATION (City or Tow Hagerstow	1 1 1
	24. FUNERAL DIRECTO	OR .		ADDRESS	2So. REC	-	GISTRAR'S SIGNATURE

Md.

Funeral Home, Hagerstown,

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO EUNERAL MIRECTOR: After this certificate has meen signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, when the State Dept. of Health prior to burial, cremation, or removal, and in any event, when the State Dept. of Health prior to burial, cremation, or removal, and in any event, when the State Dept. of Health prior to burial, cremation, or removal, and in any event, when the State Dept. of Health prior to burial, cremation, or removal, and in any event, when the state of the sta Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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and completely filled in by the furteral remove carbon papers. Pages 1 and 2 a any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital or attending physician.

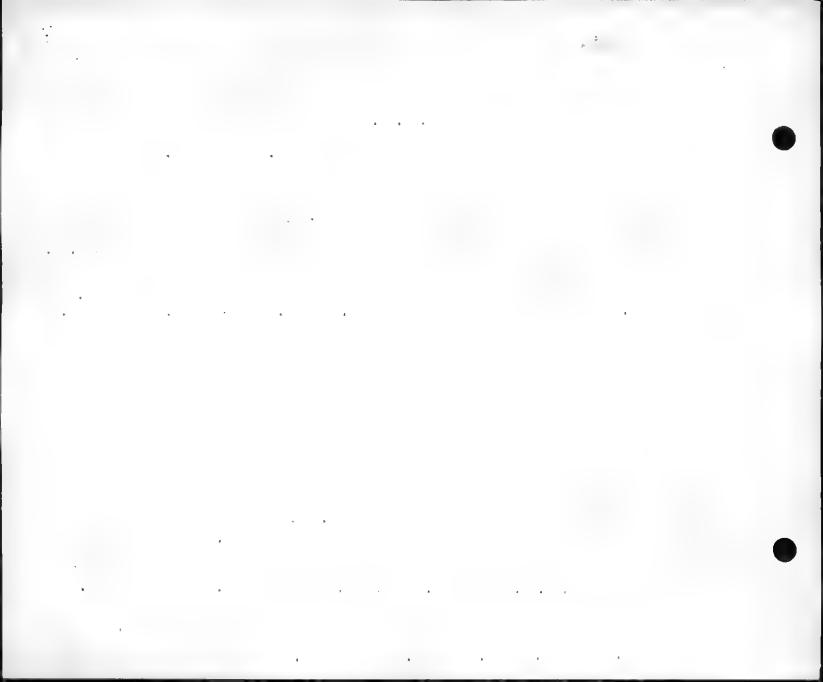
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08775

				2 2 4 4 4
PLACE OF DEATH a. COLNTY		2 USUAL RESIDENCE (W	there deceased aved, if institution Resid	ence before admission)
Washington	MARYLAND	Maryland	Washin	gton
write RdRAL and give nearest town)	ENGTH OF STAY IN 16	c CITY OR TOWN (If out	tside corporate limits, write RURAL and g	ve neorest town)
Hagerstown 1	D. O. A.	Hagerston	wn	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give str	reet oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Washington County Hospital		197 W. W.	ilson Blvd.	YES NO X
3 NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) Clara 1	Sthel	Myers	DEATH June 13	
S. SEX 6 COLOR OR RACE 7 MARRIED		B. DATE OF BIRTH	fast hirthday) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min
Female White WIDOWED	DIVORCED	Dec. 9, 1898	B (8 yrs 6	4
100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF INDUSTRY	BUSINESS OR	11 BIRTHPLACE (County &		CITIZEN OF WHAT
Housewife Own	Home	Maplevil.	le, Maryland	U. S. A.
13. FATHER S NAME		14 MOTHER'S MAIDEN N	AME	
George Smith		Laura Eag	sterday	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL		NFORMANT	Hagerstown,	Md.
(Yes, no or unknown) (If yes give wor or dotes of service) 214-(09-8381 Mr.	Omer F. Mye	ers, 197 W. Wilson	Blvd.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b)	s), ond (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) Corona	ry Occlusion	1		ONSET AND DEATH
240X DUE TO				
Conditions, if ony, which gove) (b) Arteri	osclerotic (Coronary Hea	rt Disease	3 years
rise to immediate couse (a), Stating the underlying couse				
last. (c) Diahet.	es			3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CON	DITION G.VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
T				YES NO X
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED	Enter nature of injury in P	Port Lor Port Lafitem 8)	
CIF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY Month, Day, Year While While	OCCURRED 20e PLAG	E OF INJURY (Home, form,	. 20f (City or town) (C	ounty) (Stote)
Hour o.m. While	Not While foct	ory, street, office bldg., etc.)		, ,
21. I certify that (I) (this haspital) attended the	he deceased from T	n 10 10	9 67 to June 13 10	67 that (1) (wa) loc
saw the deceased alive an May 8	19_67 and that	death accurred at 1	: 30 M, fram couses and an	the date stated above
220 SIGNATURE	-,7		225	DATE SIGNED
W. 911/10-	MZ ME	ATTENDING X	MED STAFF DIRECTOR PHYS DIJECTOR	e 1h. 1957
22c PHYSICIAN'S	0	22d ADDRESS		
NAME (Type) Dr. E. W. Ditto, Jr	. 215 W	 Washington 	St., Hagerstown,	Md.
	NAME OF CEMETERY OR	REMATORY	23d LOCATION (City or Town)	(County) (State)
Burial 6- 16- 67	Boonsboro Ce	meterv	Boonsboro Md.	
24 FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY REGISTRAR 25b REGISTRAR S	
John H. Bast, Jr. 112 N. Main	St. Boonsho	TO ME DATUUN	1 1 6 1967 Jan	les Judge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician director, page 3 should be detached for use os the burnal-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and VR A15 (4) 25M 1/67



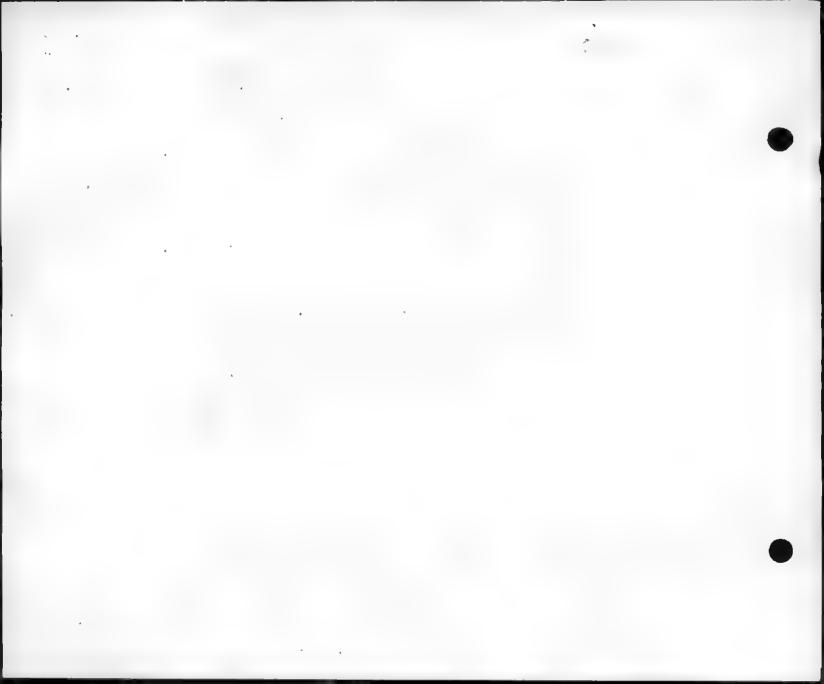
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

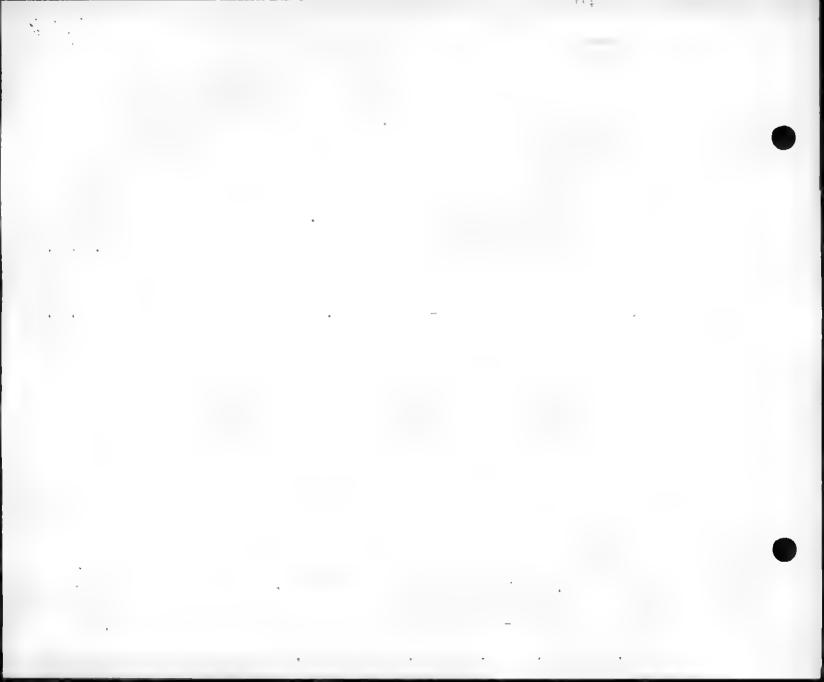
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de d		PLACE OF DEATH					2. USUAL RESIDENCE	,			nce before	admissia	n)
funeral funeral for		o. COUNTY	Washingt	on	MA	ARYLAND	o. STATE	Md.	ь со	DMIA M	ash	•	
afte he ges ges affi		CITY OR TOWN (If outside corporate limit	rs,	c LENGTH OF STA	f IN 1b	c City OR TOWN (IF	autside carpare	ate limits, write R	URAL and giv	re neares	tawn)	
haurs after by the far. Pages, haurs after		Hager	d give nearest town) Stown		62 yea	rs	Hagers	town		199	,		
ha in } in } zhc			TAL OR INSTITUTION (If n				d. STREET ADDRESS					IS RESID ON A FA	ENCE
that the death certificate be executed within 24 haurs after deutlan. by the attending physician and completely filled in by the funeral ransit permit. Then please remaye-corbon papers. Pages I and cremation, ar remayal, and in any event, within 72 haurs after acceptance.			ngton Cou	nty Ho			1215 W		Ave.		,		NO [
事 学 8 / 1		NAME OF DECEASED	· ·	rst	Middle		Lost	4 DATE OF	****	enth.	Day	Yea	
executed with		Type or print)		UY	WALTE		MYERS	DEATH			3,	196	
d d d	S.	_	6 COLOR OR RACE	1	NEVER MARR		DATE OF BIRTH		AGE (In years last birthday)	IF UNDER Months	Days	IF UNDER Hauss	24 HRS
d company		male	white	WIDOWED	DIVOR		9-27-04		62 yrs.				
ertificate be exe physicion and conent of the please remonant and in any			N (Give kind af wark dane life, even if retired)		ND OF BUSINESS OR		EL. BIRTHPLACE (Cour	,			TIZEN OF DUNTRY?	WHAT	
and		engir		ra	ilroad			stown	, Md.		, on in .		
ifico lysin al,	13.	FATHER'S NAME	D4-1 M				14. MOTHER'S MAIDE						
eath certific ending phys nit. Then p ar remaval,	_		Daniel M						Dessie	John	S		
e death cer attending p permit. The ian, ar rema			ER IN U.S. ARMED FOR CES? (If yes give war ar dates	_K W	SOCIAL SECURITY NO		NFORMANT			tress			
dec irmi ', a	(1.0	no	In los dire was as doses	70	5-10-77	38	Mrs. Mil	dred .	Myers,	Hage	rst	own,	Md
that the d an. by the atte ransit perr cremation,			EATH (Enter only one co	use per line far	(a), (b), and (c).)							RVAL BETY	
that t an. by the ransit crema		11.53 0	TH WAS CAUSED BY IMMEDIATE CAUSE	(0)	carnen	cc	where on					ET AND DI	
マラカエン		420	DUE	т0	, /		Intic h.		/				
aquire physic signed burial bur al		Canditians, if any rise to immediat		(b)	2 2021	0 501	lantec by-	ent	die		1.2	1442	ک
red pg pg pg pg p		stating the unde		TO									
		lost.	}	(c)							<u></u>		
ne law ttendii as bee as the priar	z.	PART II. OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE (ONDITION GIVE	N IN PART 1(a)		19	WAS AUTO PERFORME	PSY
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AN de la contraction of the far the He	CERTHEICATION	200 ACCIDENT WAS		20b DE	SCRIBE HOW INJURY	OCCURRED (Enter nature of injury	n Part I or Pa	t It of item 1B)				
Spit spit ertif ed af			CAUSE OF DEATH MEDICAL EXAMINER)										
HY had is c tach dept	CAL		URY Month, Day, Year		JURY OCCURRED		E OF INJURY (Hame, fo		(City or town)	(Co	iunty)	(5	State)
the delayer	MED	Haur a.r	10	While at war	Not While] tacta	ary, street, office bldg., e	(c.)					
by Affe be Sto		21 certi	fy that (1) (this has	spital) attend	led the decease	d from	1/8	1960 1	a 3 lun	. 194	27, th	at (I) (v	ve) k
TEN ned the		saw the di	eceased alive an	Shall	24 19 67	, and that	death accurred	1 125	1, fram cause:	s and an t	he date	stated	aba
AT CTO Should be		22a SIGNATURE					ATTENDING 🖈	MED	STAFF	22b D	ATE SIGN	D/	
DIRE DIRE 3e 3 led v		00	don't for	achlo	enclen	M.D	PHYS 2	DIRECTOR	PHYS		15%	67	
Al boog		22c. PHYSICIAN'S NAME (Type)		9 16	-11	1	22d. ADDRESS		/	2-	/		
HOSPITAL Ige 4 may FUNERAL rectar, pa		lawait (14be)	I loun o	1) 11 0	rach los	ean	de	igel 2	steen	101	1		
Page 4	230	BURIAL, (REMATIC		IFREOF	23c NAME OF CE			23d .0	CATION (City or		(County)	(St	tote)
TO HOSPITAL Page 4 may I TO FUNERAL B director, page Should be file		REMAN SELL	6-6-	67	Rest	na v en	Cemeter	~	agerst		Md.		
VR A15 (4)	24	EUNERAL DIRECTO	R Funeral	Home	Hagers	town	Md	C'D BY REGIST	-	REGISTRAR'S	496	E	
25M 1/67			- wildial	Alome,	nug of 5		DATEU	N 7	1967	Charl	By you	wye.	-

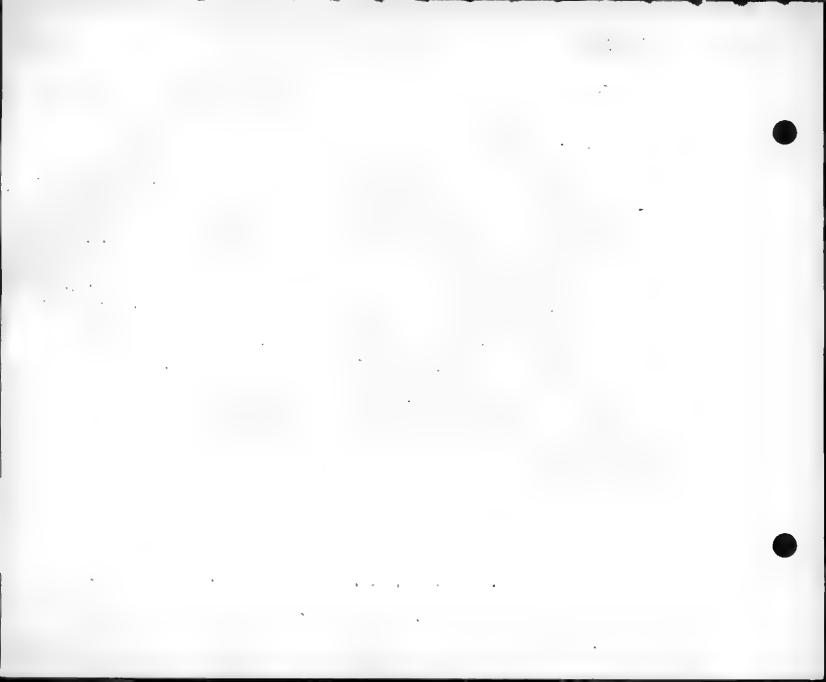


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 1			DITISION	DE TITAL KL	CORDS, 301 11.	, I KESTOI	A DIKELI, L	DALIMO	ME, MINK IE	MIND EIZUI		
(m)			08777	7		CERTIF	FICATE	OF DE	ATH			(08777
that the death certificate be executed within 24 hours after death on. by the attending physician and completely filled in by the function is permit. Then please remove each within 72 hours often death cremation, or removal, and in advented within 72 hours often death			PLACE OF DEATH D. COUNTY					o. STATE			ե. ՀՕՆՈ	NTY	before admission)
ā 2 5		Ь.	Washing	ton		1-0-1	YLAND		rylar			shingto	
the the soft		1	Write RURAL on	If autside carporate limits I give nearest town)	4	C LENGTH OF STAY	IN 15		,	,	limits, write RUI	(A), and give ne	earest tawn)
by Sur			Hagerst	own		5 Dys.		Ru	ral S	Sharpab	urg		2//
ho in Zho		-	, NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospitol, gi	ve street address)		d STREET AD	DRESS				8 S RESIDENCE ON A FARM?
hin 24 hours filled in by n papers. Po ithin 72 hours	1 1			ton County	Hospite	21		Rf	d. 1				YES NOT
Mark Mark			NAME OF DECEASED	Fit	st	Middle		Last	I	4. DATE	Mant	h	Day Year
₹ £ 7			Type or print)	Maggie	F	lorence		Palmer		DEATH	June	19,	19 67
mpleil was a second		5		6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	0 8	DATE OF BIRT	TH		GE (In years	IF UNDER 1 YE	
executed with the completely exposite exhibition only event with			Fema le	White	^	DIVORCE		Dec. 1,	1888	3 7	8 yrs	6	ays Hours Min
ond red				(Give kind of work done	105. KIN	D OF BUSINESS OR		11 BIRTHPLAC	CE (County 8	& State, or foreig	n country)	12 CITIZE	EN OF WHAT
cian cian ease and		auri	Housewif	life, even if retired)	Ö	USTRY Wn Home		Boon	rodar	, Mary	land	U a	S. A.
icate be rsician please I, and it			FATHER S NAME	_	1.			14 MOTHER'S					
th certificate b ling physician Then please removol, and			Elias Ma	rtz				Amand	la Pal	lmer			
th cling		15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates a	16, 5	OCIAL SECURITY NO	17 IA	IFORMANT			Addre	55	
e death cei attending p permit. The		(Ye	s, na, ar unknawn) No •	(If yes give war ar dates a	service)	14-54-053	7 3/2	a Anno	hall	Diale	Channel	uma D	fd. 1. Md
e d				EATH (Enter only one cou			T 1 1/11.	3 • Allila	merr	DICKS	onar pau	urg n	INTERVAL BETWEEN
the site of the south				TH WAS CAUSED BY:			11.	17	1-	/			, ONSET AND DEATH
tho on. by ron:				IMMEDIATE CAUSE		gestive	HE	5V-1	PALL	luve			lwest
quires that the physician the signed by the burial-transit ourial, cremain			7 4:	DUE DUE	10	erio scler	7	11	-				
physicic physicic igned urial-t			Conditions, if ony rise to immediat	o couso (a)		erla scier	0110	Hen	v1 1	Diseas	2		years
e b		Ш	stating the unde		TO								
			last.	,	(c)								
The low attendir hos bee		z	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO TH	HE TERMINAL D	ISEASE CON	DIT ON GIVEN	IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
	~	AT10	1	Disheles	Mel	litus							YES NO
AN: ol or icote for us Heoli		CERTIFICATION	20a ACCIDENT WAS	S UNDERLYING		CRIBE HOW INJURY C	CCURRED (Enter noture of	injury n f	Part I or Part II	of item 18)		
vspitc ospitc certifi hed f		ERI		☐ CAUSE OF DEATH MEDICAL EXAMINER)			•		. ,		,		
		ਭ		JRY Month, Day, Year	204 IN	IURY OCCURRED	20e PLAC	E OF INJURY (H	lome form	. 20f. f	City or town)	(County	y) (State)
this eta		MEDICAL	Haur a.r	TI.	While	Not While		ry, street, office			en or or	/400	11 (5.0.0)
NG NG NG NG NG NG NG		[~]	p.1		at wark							10 Ch	
d b d b d b d b d b			21. I certi	fy that (I) (this has	pital) attend	ed the deceased	fram	Jan	, [963_, to_	June	, 1962	, that (i) (we) la
OR ATTENI be retoined DIRECTOR: A e 3 should ed with the				eceased alive an	July 6	17 1960	and that	death accu	irred at	1:40 M.	ram causes		
A S C S E			22a. SIGNATURE	Y: [[]	1			ATTENDING	-	MED.	STAFF C	22b DATE	SIGNED
be re			10	mile 6	4 Cm	u-	MD	PHYS	KO	DIRECTOR L	PHYS L	1 /20	16/
FAL O			22c. PHYSICIAN'S NAME (Type)	2 02 6	0 8			22d. ADD	RESS D-	ommet	St. Ha	ganeta	an MA
Page 4 may by FOURERAL Discretor, page should be file	В		NAME (1 YPE	Dr. Charl	es C. 2	bencer		147	O. FI	ospece	Du. IIa	Rerange	1219 1741
O HOSPII Page 4 m O FUNER/ director, should b		230	BURIAL, CREMATIO	ON, 235 DATE THE	REOF	23c NAME OF CEM	NETERY OR C	REMATORY		23d LOCA	TION (City or To	wn) (Co	ounty) (State)
2 S S S S S S S S S S S S S S S S S S S			REMOVAL (Specify Burial	6- 21-	. 67	Mounta:	in Vie	ew Ceme	terv	Sha	rpsbure	. Md.	
	2	24	. FUNERAL DIRECTO			ADDRESS				BY REGISTRAR		GISTRAR'S SIGN	NATURE
VR A15 (4) 25M 1/67	3 1	Jo	hn H. Ro	st, Jr. 112	N. Mo	in St. Par	an abas	- MA	DATE.			e/ 4	0 4-4
		<u> </u>	11 P.C.	009 01 6 410	. 110 Pla.	G0. D00	118001	OPPRE	JUN	22 19	167 /	Lione	Judge
											//		(/



1		DIVISION OF STATISTICAL RESEAR 08778	AND STATE DEF CH AND RECORDS, CERTIFICATE	, 301 W. P	RESTON S		DRE 1, MAR	YLAND 8778
after Cath the furera ges 1 and 2 after death	١ .	PLACE OF DEATH a. COUNTY Washington	MARYLAND	2. USUAL a. STAT	RESIGENCE (V	Yhere deceased lived, If ii b. COU	INTY	
ours after in by the Pages 1 fours after		write RURAL and give nearest town) Hagerstown	20 yrs.		Town (If outs erstown	and ide corporate limits, w	rite RURAL and	give nearest town
ithin 24 hours a stely filled in by boon papers. Pag within 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (If not in bosp 223 N. Locust Street	ital, give street address)	d. STREET		st Street		e. IS RESIDENCE ON A FARM?
uted within குன்றிetely bye carbon p	3.	NAME OF First DECEASED (Type or print) Rhoda	Middle Belle Pof	Last fenber	ger 4.	DATE Mon OF DEATH Jun		19 67
te be executed wysician and compleye capplease remove capplease remove capple and in any events.	F	cendle 6. COLOR OR RACE 7. MARRIED Windowed X	DIVORCED	Nov.,1	4 1904	last birthday)	Months Day	
icate be e physician n please r val, and in		a. USUAL OCCUPATION (Give kind of work done life, even if retired) HOUSEWITE HOUSEWITE	O OF BUSINESS OR JSTRY	Sh	arpsbur	& State, or foreign country g Maryland	T. CITIZI	EN OF WHAT TRY? • A
ertificat ling phy Then p emoval,		Aaron De Launey		E	er's maiden n Linore	Grove		
eath co attend ermit.	15 (Yo	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (If yes give war or dates of service)		E. L	. Colli	Hal 44 flower Hag	erstown	
hat the death certificatician. Ician. Led by the attending phel-transit permit. Then if, cremation, or removal.		18. CAUSE DF DEATH [Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	care	cusou	a lit	IN O	TERVAL BETWEEN INSET AND DEATH
ohysi sign urria		Conditions, If any, which gave rise to immediate	tal Cobe	- (rinia	y Site		1 yer
law requi attending has been e as the prior to	NOI	cause (a), stating the DUE TO underlying cause last. (c) ROTATION CONTRIBUTIONS CONTRIBUTIONS	nche genice	Ca TED TO THE TI	1 CM BE	ua Cun	N PART 1(a) 1	9. WAS AUTOPS
IAN: The Ispital or at pital or at entificate had for use of Health i	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter	nature of Inju	iry in Part I or Part II	of Item 18.)	PERFORMED?
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		20c. TIME OF INJURY Month, Day, Year 20d. INJU	JRY OCCURRED 20e. PLAC	CE OF INJURY	(Home, farm,	20f. (City or town)	(County)	(State)
DING PI ed by th After 1 Id be do e State	MEDICAL	Hour a.m. While p.m. 19 at work 21. I certify that (I) (this hospital) attended	at work			6. to June 4	1962.	that (I) (we)-la
TO HOSFITAL OR ATTERDING PRYSICIAN: The law require Page 4 may be retained by the hospital or attending profileral DIRECTOR. After this certificate has been director, page 3 should be detached for use as the behould be filed with the State Dept. of Health prior to be		saw the deceased alive on Hay 26 22a. SIGNATURE	19.6.7_, and that	death occu	rred at 3%	M, from the cause	s and on the d	date stated abov
Page 4 may be FUNER I DIR director, page should be filed		22c. PHYSICIAN'S NAME (Type) Edward W. Ditte	o, III, M.D.	22d. A0	DDRESS 217	W. Washing	ton St.	
TO HOSELI. Page 4 m TO FUNERA director, should be		Burial June 7-67	23c. NAME OF CEMETERY Mt. View Cem			Sharpsburg	Maryland	1
VR A15 (4)		i. FUNERAL DIRECTOR Albert L. Leaf Williamsport	Address Maryland		DATE	REGISTRAR 25b.	registrans si Municipal	_



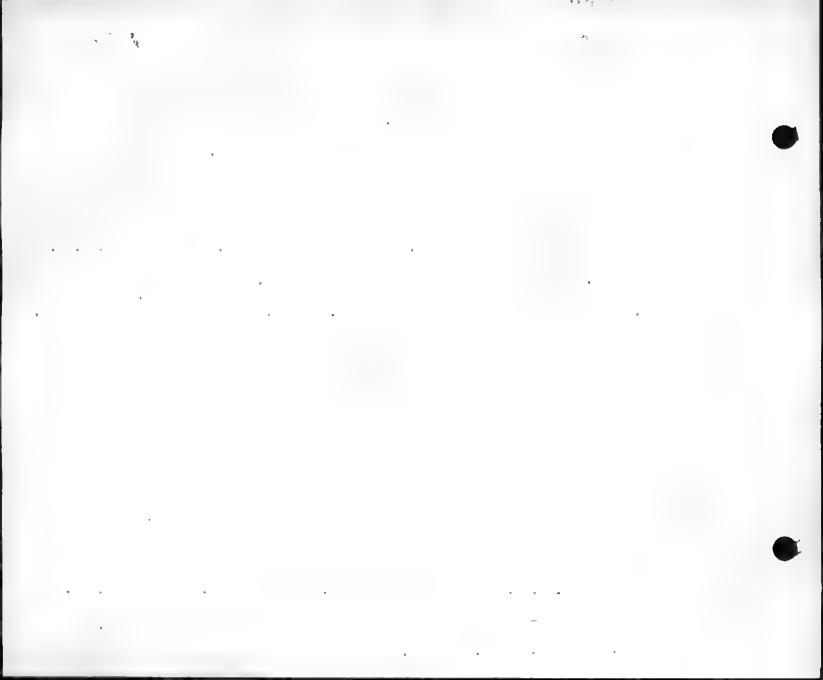
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIFICATE OF DEATH

02770

	00.			CERTITICA	L OI DEATH		00660
	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived, if institution: Resi	dence before admission)
	o. COUNTY Washing	on		MARYLAND	o. STATE Maryland	b. county	A
		f autside corporate iimi	hs.	T c. LENGTH OF STAY IN 1b		Washing office corporate limits, write RURAL and	
	write RURAL one	give nearest town)	,				give fiediesi idwii)
	Hagersto	AL OR INSTITUTION (If i	. 1 3 1	2 Wks.	Boonsboro		- 1 /
					d. STREET ADDRESS		B IS RESIDENCE ON A FARM?
		con County	Hospite	al	102 Young	g Ave.	YES NO K
	NAME OF DECEASED	F	irst	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Samuel	The	odore Po	ffenberger	DEATH June 7,	19 67
S	SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH	9. AGE (In years I IF UND	DER 1 YEAR IF UNDER 24 HRS
3	Male	White	WIDOWED	DIVORCED	April 17,190	last birthday) Manth	s Days Hours Min
10a	JSUAL OCCUPATION	(Give kind of work dans	10b. KI	ND OF BUSINESS OR			C TIZEN OF WHAT
duri	ing mast of working Service	life, even if retired)	IN	DUSTRY .			COUNTRY? U. S. A.
13.	FATHER'S NAME	MINE CI		na oo s	14. MOTHER'S MAIDEN		0 · 0 · A ·
		Da GGamban					
15	WAS DECEASED EVE	Poffenber	ger	SOCIAL SECURITY NO 17	Bertha M. INFORMANT		
(Ye	s, no, or unknown)	R IN U.S. ARMED FORCES: (If yes give wor or dates	of service)			Boonsboro, Maess	
	No.				rs. Mary E. I	Poffenberger, 102	Young Ave.,
		ATH (Enter only one co 'H WAS CAUSED BY:	use per line for	(a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
		, IMMEDIATE CAUSE	(o) Acut	te Cardiac Ir	regularity		2 weeks
	MAU	/ DUI	10				
	Conditions, if any		(b) Mult	tiple Myocard	al Infarctio	on Se	veral years
	nse to immediat stating the unde	lying couse DUI	T0				
	last.)	(c)_Arte	riosclerosis	_		
~	PART IL OTHER SE	SNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)	19 WAS AUTOPSY
110							PERFORMED? YES NO 🕱
CERTIFICATION	200 ACCIDENT WAS	UNDERLYING	20h DE	SCRIBE HOW INJURY OCCURRE	Center nature of neury in	Part I ar Part II of item 18)	10 10
CERT		CAUSE OF DEATH MEDICAL EXAMINER)			(•	, , , , , , , , , , , , , , , , , , , ,	
ਤ		IRY Month, Day, Year	204 IN	IJURY OCCURRED 20e. P	LACE OF INJURY (Hame, form	, 20f (City or town)	(County) (State)
MEDICAL	Hour o.r	٦,	While	Not While f	actory, street, office bldg , etc.)		(coonly) (state)
-	p.r		at work				75
	21 I certit	y that (I) (this ha	spital) attend	led the deceased frami	March 1, ,	9 <u>67</u> , to June 7, , 1	9 <u>67,</u> that (I) (we) las
		ceased alive an <u>c</u>	une b,	19 <u>_57,</u> and th	at death accurred at	9:10M, fram causes and an	
-	22o. SIGNATURE	8	1, 5	4h	ATTENDING	MED STAFF 22b	DATE SIGNED
		N. LW	1 re.	sh)	W.D. PHYS	DIRECTOR L PHYS. L 6/	9/67
	22c PHYSICIAN'S NAME (Type)	_			22d ADDRESS		27.
	itwair (1 kbe)	Dr. E. W.	Ditto	Jr. 21	5 W. Washingt	ton St., Hagerstow	n, Md.
23a	BURIAL, CREMATIC			23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or Town)	(County) (State)
	THOUSE THE CITY	6- 10	- 67	Fairview C	emetery	Keedysville, M	ld -
	. FUNERAL DIRECTO		•	ADDRESS	2So RECT	BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
Jo	ohn H. Be	st. Jr. 11	2 N. M.	in St. Roone	10 ma 1/3 mm	00/1-11	la Judal

TO NORDITAL OR ATTEMBLING PHYLICIANS The faw requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. They please remave carban papers. Pages shauld be filed with the State Dept. at Health priar to burial, cremation, ar reproved your may event, within 72 hours at Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



stely filled in by the funeral con pages. Pages 1 and 2 withing 2 hours afterneal. 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the atterming physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon p should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within TO MOSEITAL OR RITENDING EMSICIAMS The law regules that the death contincate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08780

1.	PLACE OF DEATI	4			1	2. USUAL RESIDEN	CE (When	e deceased			ce before admission)
	a. COOM	ashington		MARYLA	ND	a. STATE Ma.	rylar	nd	b. COUNT	Wash	ington
	b. CITY OR TOW	N (if outside corpora and give nearest tov	te limits,	C. LENCTH OF STAY I		c. CITY OR TOWN (f outside	corporat	e ilmits, write	e RURAL and	give nearest town)
	Hagersto	and give dearest tov	m)	l week		Hager	stown	1			1
			ON (If not In he	spital, give street add	ress)	d. STREET ADDRESS	3			- '	e. IS RESIDENCE
	Washingt	on County F	Hospital			446 M. Pr	ospec	t st	•		ON A FARM? YES NO S
3.	NAME OF DECEASED	F	Irst	Middle		Last	4. DA	TE	Month	Da	
	(Type or print)	John		Mc Donald	ì	Provard	DE	ATH	June	2	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. ACE			RUFUNDER 24 HRS.
M	ale	White	WIDOWED	DIVORCED	٦l	Sept. 17 1	914	52	yrs.	lonths Days	Hours Min.
10	. USUAL OCCUPAT	ION (Cive kind of work ing life, even if retire	done 10b. Kl	ND OF BUSINESS OR		11. BIRTHPLACE (County & S	tate, or fo	reign country)	12. CITIZE	N OF WHAT
GUI	Made Sho	nig ine, even it fetite es	Sho	DUSTRY E		Maryla	nd			U.S	
13.	. FATHER'S NAM	E	1			14. MOTHER'S MA	DEN NAM	E			
	Alfr	ed Brude Pr	rovard			13.11	ie Vi	ola	Mummeri	t	
15				SOCIAL SECURITY NO.	17.	INFORMANT			_	spect S	+
(Yi	is, No, er unkown) Nes	EVER IN U.S. ARMED FO Off yes pive war or dates of World War 2	(1 service)	09 4606	11220	Virgie					
-)	e cauce per li	ne for (a), (b), and (c).	124 5	o vareac	Dear	OLLI	130.6 31		TERVAL BETWEEN
		ATH WAS CAUSED BY		Coutes who	7	F. 6.11	Time			01	VSET AND DEATH
	IMMEDIATE CAUSE (a) Vennucleian 4 if ul allek										
	0-1-1-1	DUE	1:1	her	fan:	Ties.		3 4.			
	Cenditions, If gave rise to		(b)	uco my	4	arous?	org	mer	LAT		- Regigs
	cause (a), s	tating the DUE	TO	hair	1	F. 1.	4	-1.	.00		10ale
z	underlying caus		(c) A	runo del	ero	We fla	es,	pl de	eare	- 1/	years
110	PART 11. OTHER S	SIGNIFICANT CONDITI	ONSCONTRIBU	TINC TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	. DISEASE (CONDITIO	N CIVEN IN P	ART 1(a) 19	PERFORMED?
ICA ICA	Cor	unal 1.	1 - 1 - 1	fex		_				-	YES 🗌 ND 📆
CERTIFICATION	20a, ACCIDENT OR CONTRIBUTI	WAS UNDERLYING TING CAUSE OF DEATHER MEDICAL EXAMI	TH 20b, D	ESCRIBE HOW INJURY	occu	RRED. (Enter nature	of Injury I	n Part I	or Part 11 of	Item 18.)	
				JURY OCCURRED 20	o 01 6	OF OF INITION /Home	farm 20	f. (City	ar town)	(County)	(State)
MEDICAL	Hour a.r	INJURY Month, Day, n.	While	Not While	facto	CE OF INJURY (Home, ry, street, office bldg.,	etc.)	ii. (Gity	or town,	(Gounty)	(31810)
M	p.(m. 19	at work				1				
				d the deceased from			19.4.7,				that (I) (we) fast
		ceased alive on	greene	2 1907, and	d that	death occurred at	10:809M	, from ti	ne causes a		
	22a. SICNATU	RE 50	11			ATTENDING	MED.	s	TAFE -	22b. DATE S	ICNED
		Collans M	more	·	M.D	. PHYS.	DIRECTO	R 🔲 P	HYS.		
	22c. PHYSICIA NAME (T					22d. ADORESS			77.	ts :	
<u> </u>	l		dson Mo				rospe		2.4		<u>Md, </u>
232	REMOVÁL (Sp.	IATION, 23b. DATE	THEREOF	Macedonia	ETERY	OR CREMATORY				n or county)	
	Burial	June 5	1967	1 12 123	Ç,	metery	1	cedoi	-		Pa
24	. FUNERAL DIRE		~ ~ ~ ~ ~ ~ ~	ADDRESS			EC'D BY R	ECISTRAI	25b. RE(SISTRAR'S SIC	NATURE
	Albert	Lewis Leaf	Willi	amsport Mar	yla	nd DATE	UNG	19	87 m	lemes	Judge

VR #15 (4) 20M 1/65



CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a COUNTY Washington b COUNTY MARYLAND Washington b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside carparate limits, write RURAs and give nearest tawn) c LENGTH OF STAY IN 16 Hagerstown hin 72 have 3 Days ģ Rural Rohrersville papers. filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e S RESIDENCE ON A FARM? Washington County Hospital Locust Grave YES K NO 3. NAME OF Middle 4. DATE Last Month campletely DECEASED Greenberry Rice G. June 26. 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (In years 87 yrs Days Male White WIDOWED X DIVORCED May 14, 1880 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Truck Farmer physician nen please INDUSTRY Farming U. S. A. and Washington Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar remaval, George W. Rice Emma A. Beeler attending p permit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Md. permit. (Yes, no, or unknown) (If yes give war or dates of service) 216-46-9017 Mr. Ernest L. Rice, Rfd. 1, Rohrersville CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN signad by the burial-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO ertificate has been s ed far use as the b of Health priar to b stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPS PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (Cify or town) (County) (State) MED Hour a.m. While factory, street, office bldg., etc.) Not While at work at wark pe 21. I certify that (I) (this haspital) attended the deceased from 4 - 15 1960 to 6 - 26 1967 that (1) (we) last be retained 0 saw the deceased alive an 6 - 2-6 -1967 _, and that death accurred at 220 SIGNATURE 226 DATE SIGNED ATTENDING M.D. director, page shauld be filled Page 4 may b 22t PHYSICIAN S 22d. ADDRESS SECONDARI BOONS BARO NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 6-28-67 Locust Grove Cemetery Locust Grove Md 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE: UN



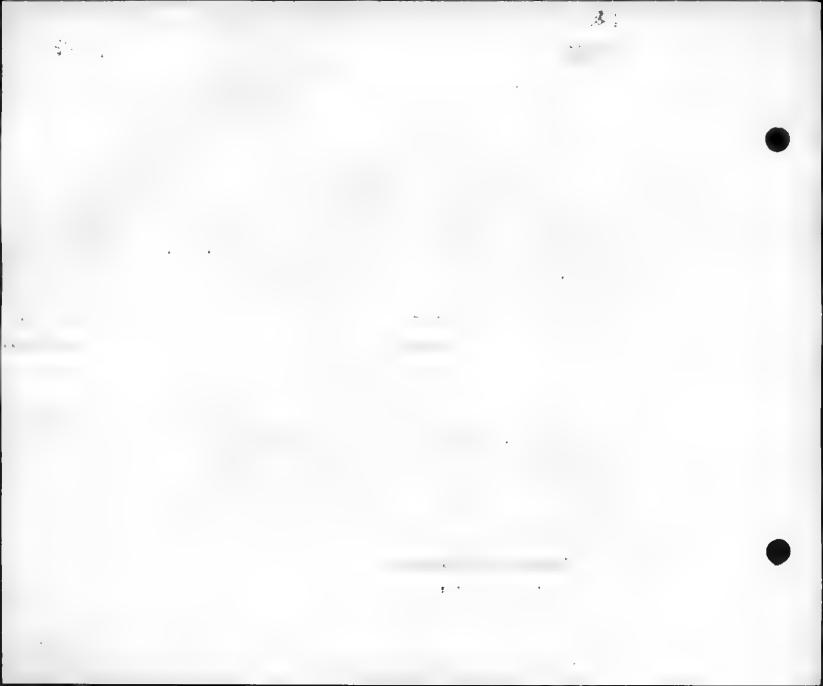
0.0	782		· ·		OF DEATH					
1 PLACE OF DEA o. COUNTY			MARYI			Where deceos	ed lived, if institution b. COUN	or Residence to TY Washi	shington ve neorest town) /// e IS RESIDENCE ON A FARM? YES \ NO X Doy Year 20 19 67 RIYEAR IF UNDER 24 HRS DOYS Hours Min ITIZEN OF WHAT OUNTRY? SA 46 MARYLAND INTERVAL BETWEEN INTERVAL BETWEEN INTERVAL BETWEEN YES \ NO C OUNTRY) (Store) 67, that (I) (we) Ic the date stated above OATE S GNED 1/67 ate Hospita. (County) (Store) (County) (Store) (County) (Store)	
write RURAL	(N (If outside corporate limit ond give negrest town) HAGERSTOWN		c. LENGTH OF STAY IN	lb.	c CITY OR TOWN (If our Hagersto	itside corporal WN	te limits, write RUR	AL and give ned	orest town)	
	SPITAL OR INSTITUTION (IF IN N MARYLAND S				d street appress 305 Nort	h Poto	omac Stre	et	ON A FA	ARM?
3 NAME OF DECEASED (Type or pnnt)	Cather	int ine	Middle Virgini		Rouzer	4 DATE OF DEATH	_			e is residence on A FARM? YES NO X Y Year 19 67 IF UNDER 24 HRS HOURS MIN OF WHAT PERVAL AND TERVAL BETWEEN NSA AUTOPSY PERFORMED? TES NO C (Store) The storted above NED (Store) (Store) (Store) (Store)
s. sex Female	6. COLOR OR RACE White	7 MARRIED WIDOWED	■ NEVER MARRIED ■ DIVORCED		DATE OF BIRTH 11/29/12	ICE (Where deceased lived, if institution Residence delire diffusion) by COUNTY Washington If dutside corporate limits, write RURAL and give nearest town) Orth Potomac Street OR AFARM? YES NO X OF PAGE (In years In UNDER 1 YEAR IF UNDER 24 HRS Industry & State, or foreign country) OF PAGE (In years In Under 1 YEAR IF UNDER 24 HRS Industry & State, or foreign country) OF PAGE (In years In Under 1 YEAR IF UNDER 24 HRS Industry & State, or foreign country) OF PAGE (In years In Under 1 YEAR IF UNDER 24 HRS Industry & Hours Min Day Hours M				
during most of work Registe	NON (Give kind of work done king life, even if retired) red Nurse		ND OF BUSINESS OR DUSTRY		Washingto	n Co.,		COUNTR		
13. FATHER'S MAN Frederi.	ck W. Rouzer				14 MOTHER'S MAIDEN I Leonora S					STOTE VILAND WHAT VILAND RVAL BETWEEN WAS AUTOPSY PERFORMED? S NO C (Stote) OF THE STOTE
IS WAS DECEASED (Yes, no, or unknow NO	EVER IN U.S. ARMED FORCES? vn) (If yes give wor or dotes	of service)	30-9892		NFORMANT ARLES M. ROU	JZER,			ARYLAN	D.
PART I. Conditions, if rise to imme	F DEATH (Enter only one col DEATH WAS CAUSED BY: IMMEDIATE CAUSE Only, which gove diote couse (o), nderlying couse	(a) U	remis	-Wil	son's Disea	se		72	Physical C	Har.
lost.							N IN PART 1(o)		9 WAS AUTO)PSY
200 ACCIDENT OR CONTRIBUT	iosclerosis, WAS UNDERLYING ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)						(1 of stem 18)			
p.m. 17 of work L.J of work L.J									·	
	21. I certify that (I) (this haspital) attended the deceased fram April 22, , 1966, to June 20, 1967, that (I) (we) to saw the deceased alive on June 20, 1967, and that death accurred at 10:304, from causes and on the date stated above									
20c PHYS171	Vietter		max,	M. D	1 1112	DIRECTOR	L PHYS ←LA	6/21/6	7	ita
	ype) V. L. Ram				н	agerst	own, Mar	yland		
230. BURIAL, CREM REMOVAL (Spi BULL TAI	6/23/		ROSE HI		EMETERY.	HAG	ERSTOWN.	WASH.C	o. MD.	
24. FUNERAL DIRI	CTOR DOLLARD	TT A CHETTA	ADDRESS		250 RECE	N 2 3	1967 25b. REG	LICYLES	Judge	2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove ration, papers. Pages 1 pages should be filled with the State Dept. af Health prior to buriol, cremotion, or removol, and in any event, within 72 haurs after death



within 24 hours after death. Incompletely filled in by the Tuneral over Larbon papers. Pages, Daniel exposted

ve carbon papers. Pagevent, within 72 hours TO FUNERAL OIRECTOR: After this certificate has been signed by the "Itemoin" physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in TO NUMBER AND OR NITERING PROPERTY. The law requires that the final mertificate be Page 4 may be retained by the hospital or attending physician.

	08785	N OF STATISTIC	CAL RESEA	YLAND STATE DEL	S, 301 W. PRESTO	N STRE	TH ET, BALTIMOR	RE 1, MA	RYLAND			
	Item	16 Film GJS	70 7/14	/67CERTIFICAT	E UF DEATH	П			545	5		
1.	PLACE OF DEATH				- STATE	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 8. STATE 9. COUNTY 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						
		shington		MARYLAND	Man	a. STATE Maryland b. COUNTY Washington c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	b. CITY OR TOW write RURAL	VN (if outside corporat and give nearest tow	e (imits,	c. LENGTH OF STAY IN 15			orporate limits, writ	te RURAL an	d give near	rest town)		
	Hagerst	town		D. O. A	St. Jame			1				
				ospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
- M	lashingto	on County Ho	spital	D.O.A	St Ja	ames			YES	No EST		
3.	NAME DF DECEASED		irst	Middle	Last	4. DATE				Year		
	(Type or print)	Willia	am	Franklin	Rowland	DEAT		,		9 67		
	SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years I	FUNDER 1 Y				
M	Vale	White	WIDOWED	DIVDRCED	Oc. 1 1901		65 yrs.	0 6	ays Hour			
1Da dur	USUAL OCCUPAT	TION (Give kind of work of king life, even if retired	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (CO		te, or foreign country)	12. CITI	ZEN OF WH	IAT		
		echanic		rage	Marylan				.S.A			
13.	. FATHER'S NAM	Ē	1		14. MOTHER'S MAID	DEN NAME						
		ge Washingt			Marie I	Moats						
15. (Ye	, WAS DECEASED	EVER IN U.S. ARMED FDI (If yes give war or dates of	RCES? 16.	SDCIAL SECURITY NO. 17.	INFORMANT		S-Addres	ames				
	No			8-30-9955 Ifr	cs. Goldie V.	. Row.	land Maryl	and				
Ĭ	18. CAUSE DF	DEATH [Enter only on		line for (a), (b), and (c).]	1./	11			INTERVAL I			
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE		wite Meyeor	anded &	Line	eline.		ONSETAN	lightone		
	17,00	DUE .		· i / //	1 11	110						
	Conditions, If	any, which	(b) A	Micosellia	lie Hait	Ol	ilare		4.	H. S.		
	gave rise to cause (a), si	immediate (
	underlying caus	munit une l	(c)									
TON	PART II. OTHER !	SIGNIFICANT CONDITION)NS CONTRIBU	UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASECO	ONDITION GIVEN IN P	'ART 1(a)	19. WAS	AUTDPSY ORMED?		
ICAT		Hype	lipper	al Cardia	ergendan	- CX	yene		YES	NO		
CERTIFICATION	2Da, ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING THE CAUSE OF DEAT OF MEDICAL EXAMINATION OF THE CAUSE O	TH NER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	f Injury In	Part I or Part II of	Item 18.)				
EDICAL		INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, fa	arm, 20f.	(City or town)	(County	/)	(State)		
MED	Hour a.n		While at work	k Not While	ry, street, outdebidg., e	316.7	1			_		

TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) Hour a.m. While at work Not While at work 19 p.m. 21. I certify that (I) (this hospital) deceased from

and that death occurred at J from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 225. ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D.

ADORESS 22d. Edson Moody

ct St. Hagerstown, Md.
LOCATION (City, town or county) (S

NAME OF CEMETERY OR CREMATORY Manor Cemetery Mear Tilghmanton Md. ADDRESS REC'D BY REGISTRAR [25b. REGISTRAR'S SIGNATURE

Albert L. Leaf Williamsport Maryland

DATE THEREDE

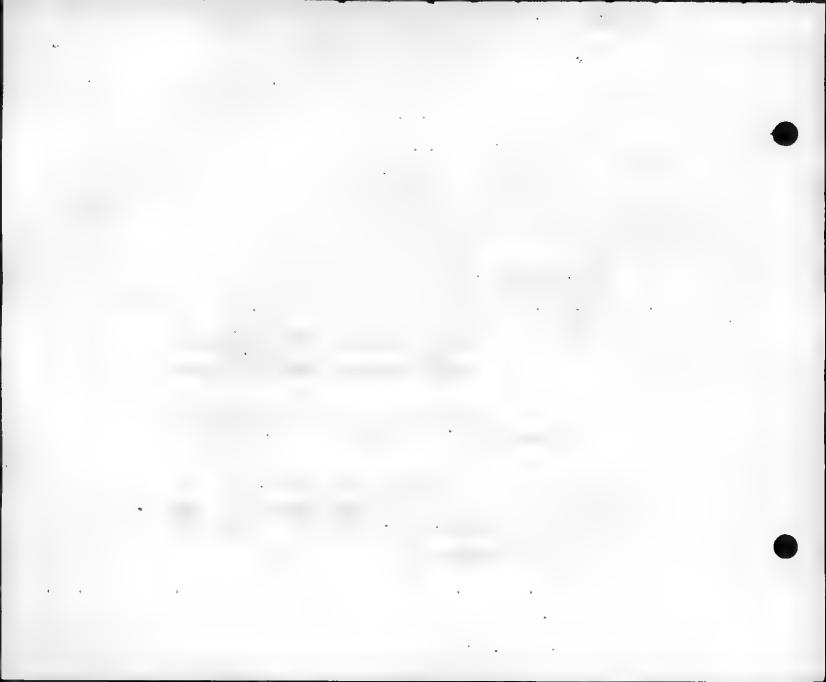
June 27-67

PHYSICIAN'S NAME (Type)

a. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

VR A15 (4) 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	08784	MEDICAL EXAMINER	R'S C	ERTIFICATE O	03	08784				
1	PLACE OF DEATH			2 USUAL RESIDENCE (W	there deceased lived, finst	tution Residence	befare admiss an)			
		MARYLAND		MARYLA	WASHI	ASHINGTON				
	b CITY OR TOWN (If outs de corporate limits.	c LENGTH OF STAY IN 16		c CITY OR TOWN (If out	RURAL and give r	give nearest town)				
	HAGERSTOWN	25 YEARS	- 1	HAGERSTO	NWO		.1			
	d NAME OF HOSPITAL OR INSTITUT ON (If not in	haspital, give street address)	MARYLAND LENGTH OF STAY IN 16 25 YEARS Street oddress) ASTREET ADDRESS 18 N. COLONIAL DRIVE MINDER MARTHA SCHARF MARTHA JUNE 12 CTZAN COUNTRS COUNTRS COUNTRS COUNTRS WASHINGTO COUNTRS TO COUNTRS COUNTRS COUNTRS TO COUNTRS MARYLAND 12 CTZAN COUNTRS COUNTRS COUNTRS COUNTRS MARYLAND 12 CTZAN COUNTRS COUNTRS COUNTRS COUNTRS MARYLAND 12 CTZAN MARYLAND 12 CTZAN COUNTRS COUNTRS COUNTRS MARYLAND 12 CTZAN MARYLAND 13 N. COLONALAL DATA COUNTRS MARYLAND 14 NOTHERS MAIDEN NAME JEAN MASON IAL SECURITY NO 17 INFORMANT 18 N. COLONALAL DATA TO COUNTRS MARYLAND 18 N. COLONALAL DATA TO COUNTRS MARYLAND 19 N. COLONALAL COUNTRS MARYLAND 12 CTZAN COUNTRS MARYLAND 13 CTZAN COUNTRS MARYLAND 14 DATE MORTHS MARYLAND 15 ABOUTH MARYLAND 16 DATE MORTHA MARYLAND 17 INFORMANT 18 N. COLONALAL MARYLAND 18 N. COLONALAL MARYLAND 19 N. COLONALAL MARYLAND 19 N. COLONALAL MARYLAND 10 ABOUTH MARYLAND 10 ABOUTH MARYLAND 12 CTZAN MARYLAND 12 CTZAN MARYLAND 13 CTZAN MARYLAND 14 DATE MORTHA MARYLAND 18 DATE MORTHA MARYLAND 18 DATE MORTHA MARYLAND 18 DATE MORTHA MARYLAND 18 DATE MORTHA MARYLAND MARYLAND 18 DATE MORTHA MARYLAND 18 DATE MORTHA M		e 15 RESIDENCE					
V	ACE OF DEATH COUNTY WASHINGTON CITY OR TOWN (If outs de corporate limits, write RURAL and give neorest town) IAJERSTOWN NAME OF HOSPITAL OR INSTITUT ON (If not in ha SHINGTON COUNTY HOSPI AME OF FIRST EFEASTO HORSE WARY X 6 COLOR OR RACE 7 MARY X 6 COLOR OR RACE 7 MARY X 6 COLOR OR RACE 7 MARY X 7 6 COLOR OR RACE 7 MARY X 7 6 COLOR OR RACE 7 MARY X 8 6 COLOR OR RACE 7 MARY CHALE WHITE WD ISJAH OCCUPATION (G ve kind of work dane of the color	PITAL		18 N. COLC		YES NO A				
3	DECEMBED									
	(Type or print) MARY	HH MARTHA			DEATH JUL		17			
S	SEX 6 COLOR OR RACE 7	MARRIED X NEVER MARRIED			and motheday.	Months I				
I	FEMALE WHITE W	V DOWED DIVORCED]	APRIL 20 19	18 49 _{Yrs}					
100 du	u USLAL OCCUPATION (G ve kind of work dane ring most of working life, even if refired) CLERA	DEPARTMENT STOR	Œ	,						
_	FATHER S NAME			14. MOTHER'S MAIDEN N	there deceased lived, f institution Residence before admiss an) ND **ND **N					
	THOMAS S LOWE	RY	ABRYLAND							
	was deceased ever in u.s. armed forces? es no arunknown) (If yes give war ar dates of sen	16 SOCIAL SECURITY NO								
		1	TAR	TEO O DODA	tr masto.	TOME THE				
	ONCET AND DEL									
	1 Poritonitic									
	College (as I described as I as									
	nee to immediate cause (a)									
	stating the underlying couse DUE 10									
	107						Tin war nitoney			
CERTIFICATION	PART II OTHER SIGN F CANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED) TO IH	E TERMINAL DISEASE CON	IDIT ON GIVEN N PART 1(a)		PERFORMED?			
IBIC	20a. EXTERNAL CAUSE WAS									
EE	PRIMARY LEG CONTRIBUTING [] CAUSE OF DEATH	Auto-auto collison, intersection of FRanklin S								
MEDICAL	20c, TIME OF INJURY Manth, Day, Year	203 MORY OX CERED 1791	20f (City or town							
MED	7:00 pm 6/13 1967	While Nat While at work &	forter	treet	Hagers	town W	ash. Md.			
	21 I certify that I took charge of	the remains described above	e held	l on Autopsy 🔯,	Inspection , li	nquiry,	ond in my opini			
	deoth resulted from Natural co	ouses 🔲, Accident 🔀,	Surcid	le 🔲, Homicide	, Undetermined	manner 🗌				
	1000	Ma. 11 1		CHIEF MEDICAL	EXAMINER		00 0175 610111			
	SIGNATURE	1 1/ alun 11	W.	THE D						
	EXAMINER'S				2-0-0		, _, ,			
	NAME Type) HOWARD N WEEKS M.D. 580 NORTHERN AVES (Street Cly lown or county) HAGERSTOWN MARULAND									
23	REMOVAL (Specify)									
	BURIAL JUNE 19	1967 REST HAVEN	CEI	VETTERY		g-1	na			
1	4 FUNERAL DIRECTOR			2791860	20 1967	Clarks SIG	Judge			
	CHAPLES M ROUZER HAGE	RSTOWN MARYLAND		DATE	D 1001		10			

VR A15ME (5) 6M 1 67

FOR HEAL

any delay is

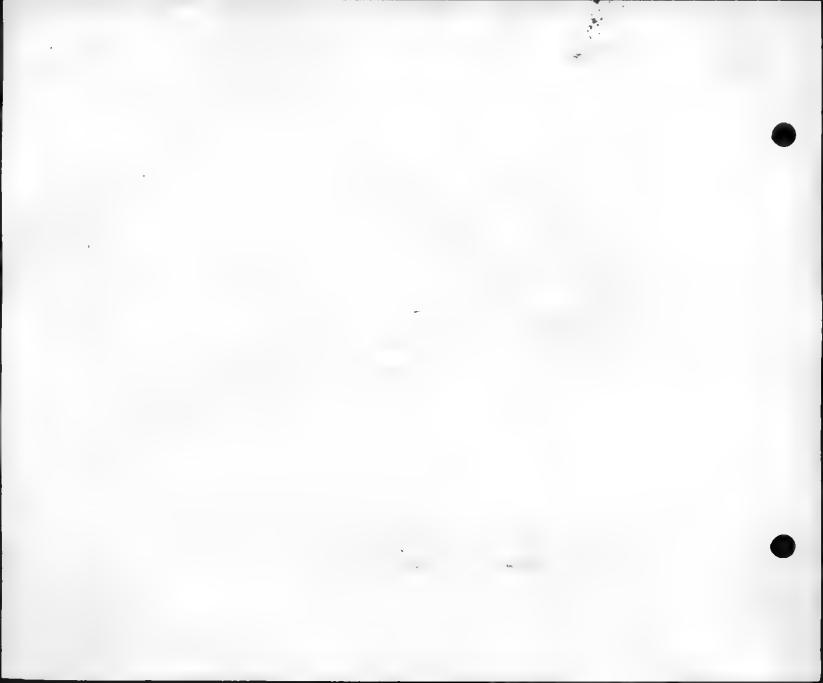
with the State Department ar

D

necessary, please execute the certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1, 2, and 3 to the funera director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

Heath prior to bunal cremation ar removal, and in any event within 72 hours after death 5 may be retained far yaur files TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages lond

TO DEPUTY MEX. AL EXAMINER: This certificate should be executed within 24 hours after death if

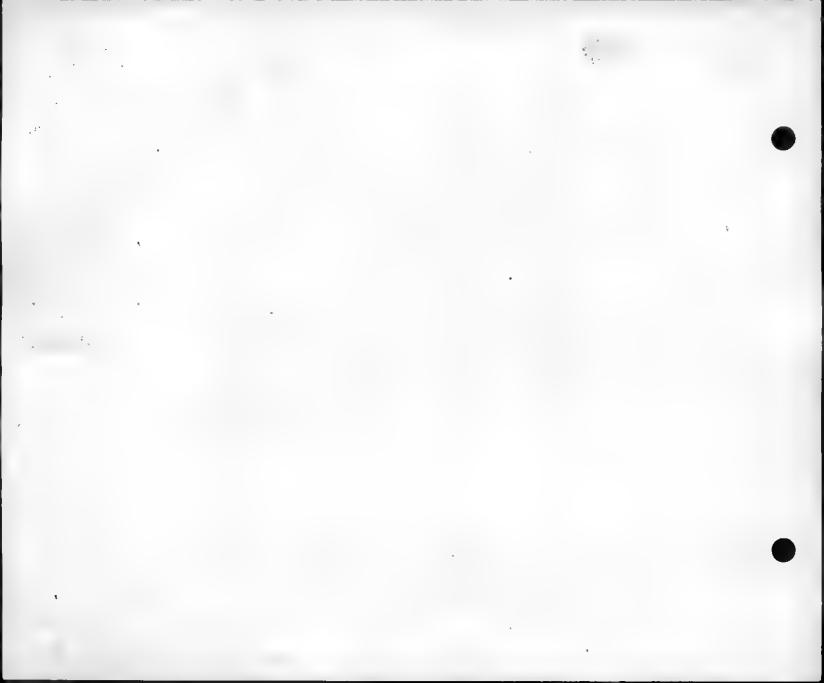


08785

FRTIFICATE OF DEATH

08785

No.		00100	CERTIFICATE OF DEATH	60.00
er death	1	PLACE OF DEATH O COUNTY Washington	MARYLAND 0. STATE Maj	
y the tur Pages 1 urs after		b CITY OR TOWN (If outside corporate limits,		outside corparate limits, write RURAL and give nearest town)
by 1 S. Pa		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers Lown	2 Years Hagers	stown
n 24 hc illed in papers. vin 72 h	1 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in ha 238 Summit Ave.	spital, give street address) d STREET ADDRESS 238	Summit Ave. e S RES DENCE ON A FARM? YES NO
d withi	3	NAME OF First DECEASED (Type or pnnt) Lester	David Sellers	4 DATE Month Doy Year June 11, 167
camp	S	Male White wo	RRIED NEVER MARRIED 8. DATE OF BIRTH JUNE 19:, 1	
te be e	d	OO USUAL OCCUPATION (G ve kind of work done uring most of verking the even if retired)	Beachley Furniture Fra	nty & Stote or foreign (ountry) Sh. Run Penna. COUNTRY? IKT in Co. L. C.
th certificate by ling physician (Then please removal, and ii		Carl H. Se	ellers 14. MOTHER'S MAD	ary Jane Myers
attending permit. The	ľ	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) IN ONE	16. SOCIAL SECURITY NO. 17. INFORMANT 214-09-6798 Charles D.	SellersHagerstown, Md.
s that the death certificate be executed within 24 haurs cian a by the attending physician and campletely filled in by transit permit. Then please removement on papers. Proceeding, or removal, and in day event within 72 hours.		18 CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		INTERVAL SETWEEN
requires ag physici a signed burial ta burial,		Conditions, if ony, which gove nse to immediate couse (o), stoting the underlying couse	(Extremelyons	grs.
ndir ndir bee s th		lost. (c)		The Was Investigation
V: The or after the has a salth pr	X.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	PERFORMED? YES NO
rsicial aspital certifica certifica thed fai		(II CHARLAMATICAL EXAMETER)	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury	<u> </u>
NG PH' / The h er this e detac ate Dep	MEDICA	p m.	20d INJURY OCCURRED While Not While of work of twork of work o	etc)
NDI ed by Id by re St		21 I certify that (I) (this hospital) saw the deceased alive an	attended the deceased from	, 19 to to 19 that (1) (we) to at the from causes and on the dote stated above
TOR TOR		22g StGNATURE	-A	22b DATE SIGNED
DIRECTOR AS SEE SEE SEE SEE SEE SEE SEE SEE SEE		20. DUVERSAN'S	M.D ATTENDING PHYS	DIRECTOR PHYS D 6-13-6
TO HOSPITAL OR Page 4 may be re TO FUNERAL DIRECTOR DIRECTOR Addrector, page 3 director, page 3 shauld be filed w	/	22c. PHYSICIAN'S NAME (Type) D. J. Boyer,	22d. ADDRESS 1.36 IV.	, 5 1040111
Page 4 m O FUNER, director, shauld b	2	30 BURIAL (REMATION, 23b DATE THEREOF BURIAL Specify) Surial June.i4	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (Stote)
5 5 5 4 K	-	Burial June.i4/		Broadfording Maryland EE D BY REG STRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 170 25M 1/67	1	indrew K.Coffman Fun Hagerstown, Maryl	eral Home Inc.	1001



Piges 1, and 2 nun armideath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. ges TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. P should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour

19

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OR786
CERTIFICATE OF DEATH

-0.8	786			CERTIFIC	AI	E OF DEATH	1		68786	
1. PLACE a, COL	OF DEATH					2. USUAL RESIDENCE	E (Where deci	eased lived, If insti	tution: Residence	e before admission)
a, cou	nu i i	Washington	n	Ara		a. STATE	for a far	b. COUNT	Washin	rton
b. CIT	Y OR TOW	N (if outside cornora	ta limits	MARYLA C. LENGTH OF STAY I		c. CITY OR TOWN (III	yland	orate limite well		
wri	Ite RURAL	N (if outside corpora and give nearest tov	vn)	5. 2		RFD Boon		oroto manta, with	o itoline olid gi	to nestest toning
	ugerst		NAL 228	1 da. 5 h	rs					,
				in hospital, give street add	iress)	d. STREET AOORESS	Dab	m 5a m	1	D. IS RESIDENCE ON A FARM?
		con County		ital		RFD #2	Boonso	oro		YES NO A
3. NAME DECEA	DF ASED		irst	Middle		Last	4. DATE	Month	Day	Year
(Туре	or print)	Orvill	LO	Jr.		Shank 2md	DEATH	June	27	19 67
5. SEX	1	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	7	B. DATE OF BIRTH	9.	AGE (In years II last birthday)	FUNDER 1 YEAR	
Male	9	White	WIDO	WED DIVORCED		June 26 196	57	yrs.	fonths Days	Hours Min.
10a. USUAL	LOCCUPAT	ION (Give kind of work ng life, even if retire	done 10	Db. KINO OF BUSINESS OR	-	11. BIRTHPLACE (Co	ounty & State,	or foreign country)	12. CITIZEN	
during mo.	none	-	· ·	INDOSTRI		Maryland			COUNTRY	A
13. FATH						14. MOTHER'S MAID	EN NAME		<u> </u>	
		Orville Jr	. She	ank		Anna Ir	ene Al	len		
15. WAS D	ECEASEDE	VER IN U.S. ARMED FO	IRCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Address		
(Yes, no, or	r unkown)	(If yes give war or dates o	of service)			Orville	Ton C		nsboro	Md
No				none	1	OLATITE	OL. O	Hallk		101 10
				per line for (a), (b), and (c).	1	7			INTE	RVAL BETWEEN
'	PAKI I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	ines	no	toris 6 1	in		- 5	o line
	1960	DUE	TO	*						
		any, which	(b)							
		Immediate (ating the DUE	TO							
	lying caus		(c)							
PARTI	II. OTHER S	IGNIFICANT CONDITI		RIDUTING TO DEATH BUT NO	T RELA	TED TO THE TERMINAL D	ISEASE COND	ITION GIVEN IN PA	ART 1(a) 19.	WAS AUTOPSY
CAT									YE	PERFORMED?
臣 20a. A	ACCIOENT	WAS UNDERLYING	[20]	b. DESCRIBE HOW INJURY	0000	RRED. (Enter nature of	injury in Par	rt Lor Part II of		.5 IIO (
	ONTRIBUTI THER, NOT	WAS UNDERLYING THE NG TO CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)			inian (anto) neuro o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		NJURY Month, Day,			e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City or town)	(County)	(State)
	Hour a.m		W	hile Not While work at work	1000	3, act cert out ce pide" e		,	4	
				ended the deceased fro	m _ (20 K	P to f	6-2/-	. 1963 - th	at (!) (we) last
			m- 1			death occurred as	M. fro	m the causes a		
	SIGNATUR			>/	Q (MI)	00001100001100	3111 110	1	22b. DATE 816	
		61. 71	1/1	1	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1 6/2/	167
22c.	PHYSICIA	N'S			111.47	22d. ADDRESS	/ /	1 Sept	Level	1.1
	NAME (Ty	pe)//// /=	MIL	TITTOS		1 13 K	Mas	JAN T	N	(000)
23a. BUR	IAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	1 23d. LO	ATION (City, tow	n or county)	(State)
Burn	OVAL (Spe	June 2	9-67	Riverview	r Ce	metery	W4373	amsport	Marvland	1
24. FUNE	ERAL DIRE			ADDRESS		25a.		PAR 1725b. REE		
Albe	ert I.	.Leaf Will	iamsr	ort Maryland		DATE	30	196	Conces	
				or o har yrana		FUATE		1		
1 XQ	7133									

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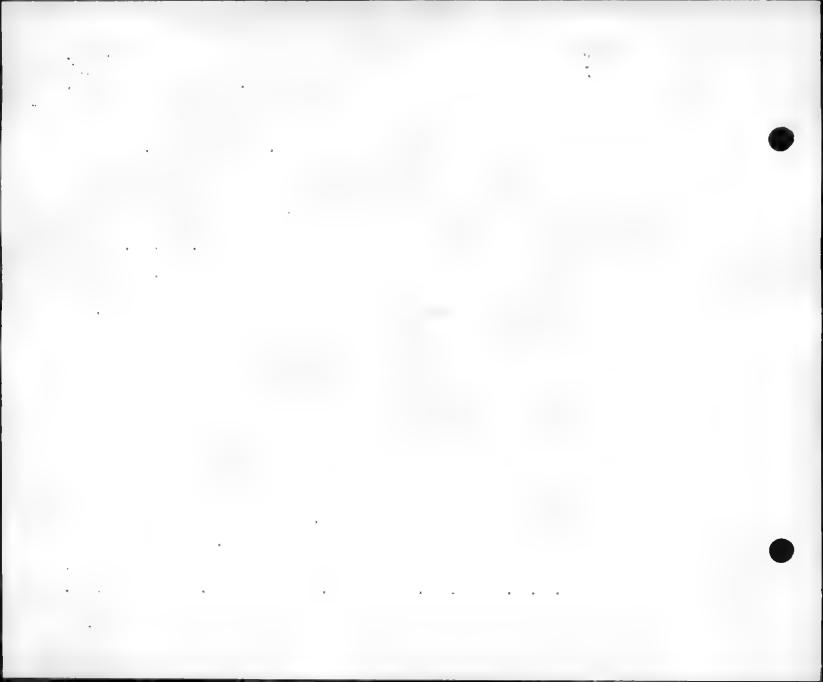
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		08787			CERTIFIC	AlE	OF DEATH			UC	3686	
	1	PLACE OF DEATH D. COUNTY	Washingto		MARYLA	ND	2 USUAL RESIDENCE (V		b. COUN	Wa.	sh.	
		Hagers	f outside carparate imit give nearest tawn) COWN		c LENGTH OF STAY IN 1	-	Hagerst	own	s, write RUR	Al and give	nearest town)	
13	· ·		k Conval		Hospital		d. STREET ADDRESS 16 B. L	incoln .	Ave.		ON A	SIDENCE FARM? NO
		NAME OF DECEASED (Type or print)	Anr		Katheri		Shaw	4 DATE OF DEATH		June	17,	
		female	6. COLOR OR RACE White	WIDOWED	NEVER MARRIED DIVORCED		8-20-92	9. AGE (In years urinday) yrs		Days Haur	ER 24 HRS Min
	duri	ng mast af working	(Give kind of work dane		ND OF BUSINESS OR DUSTRY		Pendlet	on Co.,	w Va	COLL	YEN OF WHAT NTRY?	
		FATHER'S NAME	Unknown				14. MOTHER'S MAIDEN		E. I	Kuyke	nd a11	
			R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	none		ocil Shaw,	Hagers	town,			
		1B. CAUSE OF DE PART I. DEAT	ATH (Enter only one cau H WAS CAUSED BY IMMEDIATE CAUSE	(a) Cere	(0), (b), and (c).) bral Thromb	osi	s				INTERVAL E	DEATH
		Conditions, it any, rise to immediate stoting the under last.	which gave)	(b) Arte	rioscleroti	c C	ardio Vascu	lar Disea	se		5 year	rs
2	CERTIFICATIDN	PART II OTHER SIG	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PA	RT 1(a)		19 WAS A PERFOR	TOPSY RMED? NO K
		200 ACC DENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b DES	SCRIBE HOW INJURY OCCU	RRED.	(Enter noture of injury in !	Port Ler Part Lef it	em †B)			
	MED CAL	Hour `a.n p.n	19	While at wark	Nat While of work	fact	CE OF INJURY (Home, form ary, street, affice bldg., etc.)		or town)	(Coun	ty)	(State)
		saw the de	y that (1) (this has ceased alive an ग्रे	pital) attend une 16,	ted the deceased fro 19.67, and	m_2 that	death accurred at	9 <u>67</u> , ta <u>Jur</u> <u>5:0</u> 5 M, fram	couses o	and on the	date state	(we) la ed abav
		220 SIGNATURE	d. Dev	Tel	t >	ΜD			TAFF HYS	June	19, 1	967
/		22c. PHYS CIAN'S NAME (Type)	Dr. E. W.				Washingt					
		BURIAL, (REMATIO REMOVAL (Specify)	6-20-	-67		en	Cemetery	23d LOCATION Hager	stown	n, Md	•	(State)
1	24	FUNERAL DIRECTOR	h Funeral	Home	, Hagerst	o Wr	1, Md DANUN	BY REGISTRAR 2 1 1967		GISTRAR S SIG	MATURE Judge	4

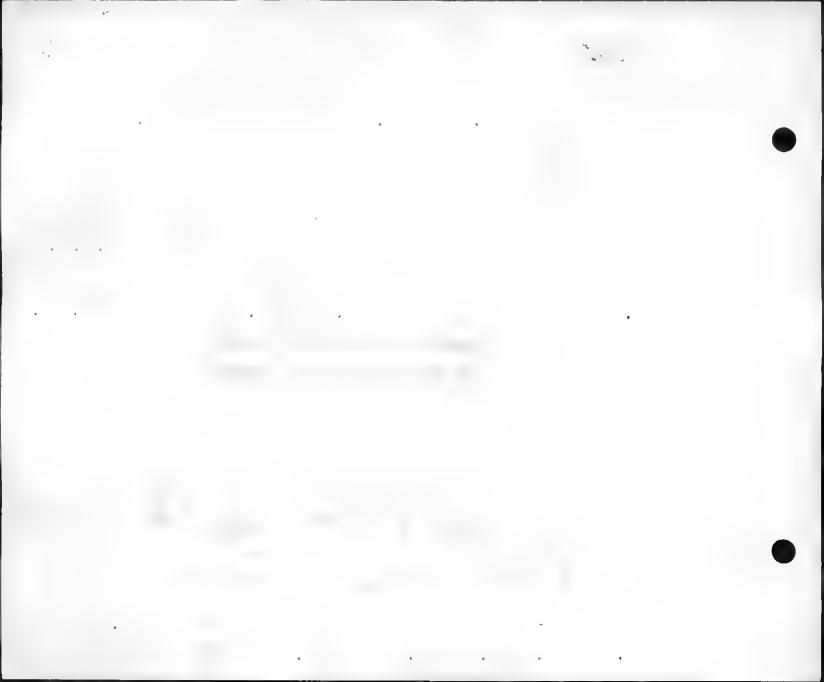
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, when 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAI

1	- 1			DIAISION	OF ALIME KE	CORDS, SUI W.	PKESTU	M SIKEEL, DALIIM	UKE, MUKKTEAN	ID 21201		
2			0878	8		CERTIFI	CATE	OF DEATH			0878	8
erificate executed within 24 hours after death. physician and campletely filled in by the funeral nen please remove carbon papers. Pages 1 and 2 ovol, and in any event, within 72 hours offer death.	1	7)	TACE OF DEATH	ton		MARYI	AND	2 USUAL RESIDENCE (o. STATE Marylan			ion: Residence be	fore admission)
ffer e f	_		CTY OR TOWN (If outside comparate limit	s. T	c LENGTH OF STAY IN		c CITY OR TOWN (If or			Tank Tank	rest town)
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yd r			MANE OF HOSPIT	eedysville AL OR INSTITUTION (If no	ot un hospital au	51 Yrs.		d. STREET ADDRESS	GOGARATT.	to Ittu	• •	e IS RESIDENCE
d iii per 72					at in nospitol, gr	46 311661 0001033j			a			ON A FARM?
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with sely bon with			NAME OF DECEASED		rst	Middle		lost	4. DATE OF	Mont	-	19 67
ed v		5	Type or print)	6 COLOR OR RACE	7 11111111	Rose		Shifler	DEATH 9 AGE	June	I IF UNDER 1 YEA	***
dmp ave		,			7. MARRIED		-	B. DATE OF BIRTH	ast	(n years birthday)	Menths 10	
exe ony			Female	White	WIDOWED [DIVORCED	الا	Nov. 25, 18	- 12	1,00		
e re		10o	USUAL OCCUPATION na most of working	(Give kind of work done life, even if retired)	106. KIN	D OF BUSINESS OR USTRY		11. BIRTHPLACE (County	_		12 CITIZEN COUNTR	OF WHAI
ond ond				lite, even if retired) Le	Own	USTRY 1 Home			o, Maryla	and	COUNTR	S. A.
		13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
rerit			Charles					Emma Bise	r			
# # E				R IN U.S. ARMED FORCES?		DCIAL SECURITY NO	17 1	NFORMANT		Addre	"Maryla	nd
oftending permit. The		(,,	No .	l longing in a document		ne	Mr	. Raymond E	. Shifler	r, Kee	dysville	e, Rfd. 1
g physicion is that the death certificate g physician is signed by the attending physician burial-transit permit. Then pleas burial, cremation, or removal, and			18. CAUSE OF D	ATH (Enter only one cou	use per line for (o), (b), ond (c).)						INTERVAL BETWEEN ONSET AND DEATH
to the name			PART I, DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(a) COL	IGESTIVI	E H	FART FAI	LURF			UNSET AND DEATH
equirs that the physician signed by the burial-transit purial, crematit			4200	7 DUE	TO							11 days
physici physici signed burial- burial,			Conditions, if ony		(b) AR	TERIO S	CLI	ERUTIC H	EART_D	1SEA	E	/
requestion signatures of the contraction of the con			rise to immediate stating the under									
e law retending as been os the prior to			last.)	(c)							
The Ich Then has be se os h pric		-	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISEASE CO	NDIT ON GIVEN IN	PART 1(a)		19 WAS AUTOPSY PERFORMED?
e hand	1	FICATION										YES NO
MN: The rate of ficate has for use Health	2	EE	200 ACC DENT WA		20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of injury n	Port I or Port II of	rtem 18)		
O E E P P		CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
his cer etache		MEDICAL	20c. TIME OF INJ	JRY Month, Doy, Year		IURY OCCURRED		CE OF INJURY (Home, for		or town)	((ounty)	(Stote)
0		E SE	Hour o.i	10	While of work	Not While of work	fact	ory, street, office bldg , etc)			
by the tile tile de de Stote				fy that (I) (this has			fram	5/3/	19 6 Zz. ta	6/0	1967	that (1) (we) las
S G D a				eceased_alivejan	6/9	1967.0	nd that	t death accurred at		m causes		
ATT Shorts			220. SIGNAPORE								22b DATE SI	
DIRECTOR 3				All	aul	le	J.M	ATTENDING PHYS	DIRECTOR .	STAFF PHYS	1 6/1	3/67
Vy be DIR			22c PHYSICIAN'S NAME (Type	10. an	20011	10, M.	3	22d. ADDRESS	Sharp.	Shiar	0 1	10.
4 moy NERAL I for, pag	1		NAME (Type	101 -177	10111	10,101.	<u>D.</u>		201417		/ /	
TO HOSPITAL OF ATTER Page 4 may be retained TO FUNERAL DIRECTOR director, page 3 should be fried with the		230	BUR AL, CREMATI		EREOF	23c NAME OF CEME	TERY OR	CREMATORY	23d LOCATIO	N (City or To	wn) (Cou	nty) (State)
Page 10 FUN direct shoul			PEMOVAL (Spacify	6- 14-	- 67	Boonsbor	o Ce	meterv	Boon	sboro,	Md .	
		24	FUNERAL DIRECTO	R		ADDRESS			D BY REGISTRAR		GISTRAR'S SIGNA	TURE
VR A15 (4) 25M 1/67	1	Jo	hn H. Ba	st, Jr. 112	N. Mai	in St. Boo	nsbo	ro, Mid . DATE	1 4 1967	yeu	ares fo	edge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08789 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the funera Washington ° Maryland MARYLAND. b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Hagerstown 2 Wks. Rural Boonsboro à d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? edroom papers. Washington County Hospital Rfd. 1 YES NO DX en with NAME OF Middle Lost 4 DATE Month Year campletely DECEASED 0F June 25, Harry 67 Davis Shoop 19 (Type or pont) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF LNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove 82 vrs Days Months: Hours Nov. 20,1884 Male white WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Machinist 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) **INDUSTRY** COUNTRY? Mt. Lena. Md.

14 MOTHER'S MAIDEN NAME Auto 13. FATHER'S NAME burial, cremation, ar remayal, Levi Shoop Marian Foltz IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 6213 Shady Sitte Ave. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 220-16-3620 Mrs. Thomas A. Harris, Capitol Heights, Md. No. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burral-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (o), DUE TO this certificate has been s detached for use as the b e Dept. af Health priar to b stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISEASE CONDITION GIVEN IN PART 1/a WAS AUTOPS)
PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING [CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, office bldg .etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 1774-Page 4 may be retained 1967, and that death accurred at 3P M. Fram causes and an the date stated above. saw the deceased alive an 22o, SIGNATURE 22b. DATE SIGNED director, page shauld be filed 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type)

VR A15 (4) 25M 1/67

24 FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE JUN

23b DATE THEREOF

6-28-67

BURIAL CREMATION

23c. NAME OF CEMETERY OR CREMATORY Beaver Creek Cemetery

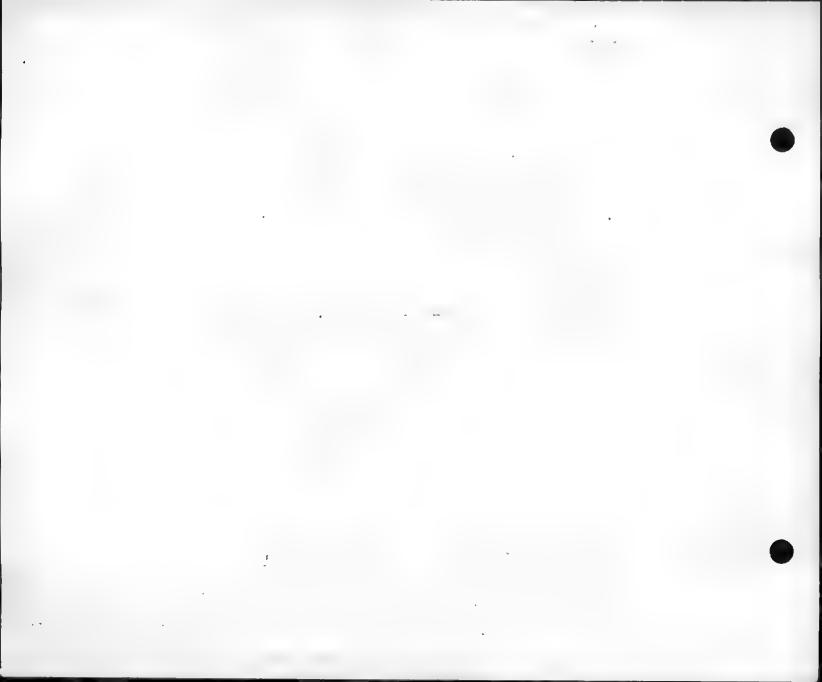
250. REC'D BY REGISTRAR

Beaver Greek Md. 25b. REGISTRAR'S SIGNATUR (Stote)

23d LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08730 CERTIFICATE OF DEATH 08790 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY WASHINGTON WASHINGTON MARYLAND b CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 60 Years HAGERSTOWN HAGERSTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1133 HAMILTON BLVD WASHINGTON CO. HOSPITAL YES NO X 3. NAME OF First Middle las† DATE Year DECEASED OF DEATH JOSEPHINE MARY SHOWE JUNE 67 (Type or print) The law requires that the death certificate be executed 9 AGE (In years IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** last birthday) 1889 WH ITE MARCH WIDOWED X 10b KIND OF BUSINESS OR iga USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? USA MARTINSBURG. W.VA. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME RUTH WILHELM THOMAS STRODE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address RD #1 (Yes, ng. ar unknown) (If yes give war ar dates of service HAGERSTOWN. MRS. HOPE 1B CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause WAS AUTOPS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20d ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY DECURRED, (Enter nature of injury in Party) or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Not While Hour am factory, street, affice bldg., etc. 21. I certify that (I) (this haspital) ottopided the deceased from 1967, and that death occurred at 64 M, from causes and an the date stated above. 10 FUNERAL DIRECTOR: sow the deceased alive an_ 22b DATE SIGNED TO HOSPITAL 1135 Potomac Abe: Hagerstown. 23b DATE THEREO 23d LOCATION (City or Town) 23g BURIAL CREMATION NAME OF CEMETERY OR CREMATORY REST CEMETERY HAGERSTOWN, WASH.CO., MD HAVEN 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08791 CERTIFICATE OF DEATH within 24 hours ofter death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH the funera a COUNTY Nashington o. STATE
Maryland b. COUNTY Ĭ Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Keedysville Keedysville 31 Yrs. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 72 59 N. Main St. 59 N. Main St. YES NOX 3. NAME OF DATE DECEASED event, Clarence Luther Smith DEATH June 16. (Type or print) COL comple ATTENDING PHYSICIAN: The law requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 7, MARRIED X DATE OF BIRTH S. SEX 6. COLOR OR RACE NEVER MARRIED remove last birthdov) 10 Hours ond in ony Male White WIDOWED DIVORCED Oct. 6. 1886 gud 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired)

Track Forman physicion a Railroad COUNTRY? Washington County, Md. U. S. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME or removol, Martin L. Smith Martha Rohrer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Keed vsville. Md. 16. SOCIAL SECURITY NO. (Yes_no, or unknown) (If yes give wor or dates of service) 705-07-7729 Mrs. Gay P. Smith, 59 N. Main St. No. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Occlusion oronary IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove nse to immediate couse (a). DUE TO attending p stating the underlying couse has been s ise as the t lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO hospital or 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Doy, Year (City or fown) foctory, street, office bldg , etc) Hour o.m. While Not While After at work be retained by 21. I certify that (I) (this hospital) attended the deceased from should TO FUNERAL DIRECTOR: saw the deceased olive an_ and that death accurred M. fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS director, page 3 should be filed v M.D PHYS 22d ADDRESS 22c. PHYSICIANS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) 6- 18- 67 Keedysville, Md Fairview Cemeterv 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. 41

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

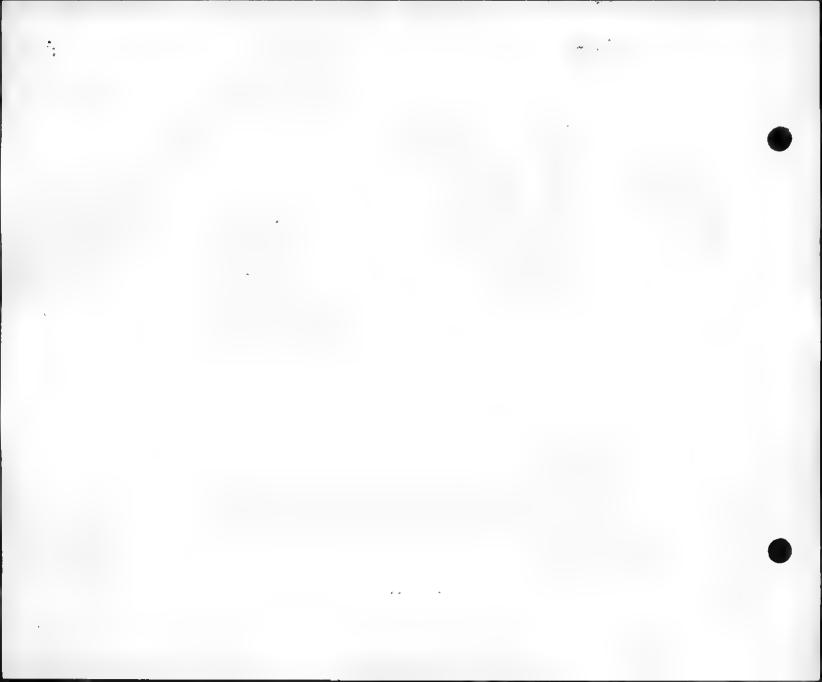
A.		08792	Ite	ns #6 &	CERT	IFICATE	OF DE	ATH			40	21	5	
4		PLACE OF DEATH					2 USUAL RE	SIDENCE (Where deceas	ed ved, if mstituti	on Residenci	before	odmissio	on)
1		o. COUNTY	SHINGTON		M	ARYLAND	o STATE		LAND	b. coun	ITY	HING		
/		CITY OR TOWN (If outside comorate ami	rs,	c LENGTH OF STA		c, CITY OR TO			te limits, write RUR	(1			
		Write RURAL and	give negrest town)		LIFE			HAGE	RSTOW	N			1	
	(AL OR INSTITUTION (IF I	ot in hospital, g			d. STREET AD		LIDI OII			8	IS RESID ON A FA	DENCE
19		WASHIN	JTON COUNT	Y HOSPI	гтат.		9250	OAK H	ILL A	JENHE				NO XX
,		NAME OF		irst	Middle		Lost	O###1_11	4. DATE	Mont	1	Doy	Yec	
		DECEASED (Type or print)	WALT	ER	SNIVELY		SNYDE	R	OF DEATH	JUNE	C.	19.	19 6	57
	S S		6. CDLOR OR RACE	7. MARRIED	NEVER MARK	RIED 1	DATE OF BIR			. AGE (In years	F UNDER 1	YEAR I	FUNDER	24 HRS
		MALE	White	WIDOWED	DIVOR	CED 🔲	AUGUST	_	4	lost birthday) 79 yrs.	Months	Days	Hours	Min,
	IDa.	USUAL OCCUPATION	(Give kind of work done	1Db. KI	ND DF BUSINESS DR					eign country)	12 CITI	ZEN OF V	VHAT	
	QUIT	ng PETIREL	lde even if retired) ENGINEER	PEN	DUSTRY INA. RAIL	ROAD	WELS	H RUN	. PEN	VSYLVANIA		NTRY? U.S.	A.	
	13.	FATHER'S NAME					14. MOTHER							
		GEORGE	B. SNYDER				RA	CHAEL	MERLE	E WRIGHT				
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of canusa) 16.	SOCIAL SECURITY NO	17 I	NFORMANT			925 AGA	K HIL	L AV	E.	
	Į i Ģ.	NO	****	71	6-03-209	1 MR	S.ROSA	B. S	NYDER.	HAGERS	TOWN,	MAR	YLAI	ND.
		1B. CAUSE OF DE PART I. DEAT	ATH (Enter only one co I'H WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), and (c).)	th	rom	box	ix				VAL BET T AND D Typ O	
		Conditions, if ony, rise to immediat	which gove) e cause (a),		terios	cler.	coreb	ro t	15160	ler Di	25316		yr.	
		stating the under	lying couse	(c) A			. 8 e					141	-, -	٠.
1	č	PART II. OTHER SI	GNIFICANT CONDITIONS	7 0		,	h.			4		P	AS ALTE	
×	B	<u>Art</u>	TATIOSCIA		H 22 H						rilleta	1 - YES		NO 🔄
	MEDICAL CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY	OCCURRED (Enter nature o	finjury in i	Port I or Port	t I of item FB)				
	MEDICAL	2Dc. TIME OF INJU Hour ain	lo.	20d 1h While at work			E OF INJURY (I ary, street, affic			(City or town)	(Cour	ity)	(Stote)
	ľ	21. I certif	that (I) (tKik Ki	(XIXI) attend	ded the deceose	d fram_E	Ob. 16	, 1	967, to	June	9 196	Z, tho	t (I) X	Wey las
		saw the de	ceased alive on_	Funa	19_1967	, and that	deoth occu	irred at:	3 P M	, from causes o	ond on the	e dote	stoted	obove
		220 SIGNATURE	1 -				ATTENDING	,	MED	STAFF	22b DAT			
		22c. PHYSICIAN'S	sul a.	Alle	ner -	M.D	PHYS 22d, ADI	arCha	DIRECTOR	L PHYS. L	JUN	E 21	, 19	367
7		NAME (Type)	LLOYD A.	HOFFM	AN. M.D.				A VIOLEN	ST. HAGE	יוס פייים מיי	is Ma	TVG	ANID
1	230	BURIAL CREMATIC			23c NAME OF CE	METERY OR A		IV FL		CATION (City or Toy		County)		
	140	REMOVAL (Specify) .				_		230, 10	CATION (CITY OF TO)	***************************************	county)	(3)	tote)
	24.	BURTAL. FUNERAL DIRECTO	6/22 R	/b'/	REST ADDRESS	HAVEN	CEMET	2Sa. REC'I	BY REGISTR	AR STOWN	WASH WARS IN	MATOR E	MD	
			M. ROUZER	HAGE	RSTOWN 1	MADVT A	MD	DATE	N 2 3	1967	land	A Yo	rogin	

HAGERSTOWN

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remove car an appers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, varthin 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

04**34	0875	13		CERTIF	ICATE	OF DEATH			6879
	I. PLACE OF DEATH o. COUNTY	WASHINGTON		MAR	YLAND	- CTATE	Where deceosed I	ived, if institution b COUNTY	Residence before admission) WASHINGTON
Pages Pages ours afte	b. CITY OR TOWN (I write RURAL and HAJERST	f outside corporate limiti give nearest town)	5,	c. LENGTH OF STAY		CITY OR TOWN (If or HAG	etside corporote li ERSTOWN	mits, write RURAL o	
adhers.	d. NAME OF HOSPITA	NORTH LOC		ive street address)		d street address 639 NORT	H LOCUS	r street,	e IS RESIDENCE ON A FARM? YES NO 2
orban orban	3 NAME OF DECEASED (Type or print)	J A	ACOB	middle LUTHE	R	SPRANKLE	4. DATE OF DEATH	Month JUNE	Doy Year 1, 1967
d camp maye c	s sex MALE	6 COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		L DATE OF BIRTH	92	st birthday) Mo 744 yrs	UNDER 1 YEAR IF UNDER 24 HR. on this Days Hours Min
cian an	during most af Borking	(Give kind of work done de, even if retired)	CIT	ND OF BUSINESS OR HAGES	RSTOW		ON CO.M.		12 CITIZEN OF WHAT COUNTRY?
g physic	13. FATHER'S NAME	JAMES SPA					NAME SA WILES		
ittendin ermit. I n, ar rei	1S WAS DECEASED FVE (Yes, not of unknown)	R IN U.S. ARMED FORCES? (If yes give was of dates o	4 1	SOCIAL SECURITY NO 4-09-4565		WARD J. SPR	ANKLE,	ROUPD # WAYNESBO	RO, PENNA.
tending physician. as been signed by the attending physician and campletely filled in by the as the burial-transit permit. Then please remaye carbon papers. Pages priar ta burial, cremation, ar remayal, and in any event, within 7 hours all	Conditions, if ony, rise to immediate stating the under	which gove e couse (o), lying couse	(o) (b) (c)	eessa a tee	· te	Part dis	CEDE		INTERVAL BETWEEN ONSET AND DEATH
al ar affer icate has far use as Health pri	200 ACCIDENT WAS	JNDERLYING □				HE TERMINAL DISEASE CO		· · · · · · · · · · · · · · · · · · ·	19. WAS AUTOPSY PERFORMED? YES NO
by the haspit Mer this certif be detached State Dept. af	20c TIME OF INJUING OF	MEDICAL EXAMINER) RY Month, Doy, Yeor 1. 19	While of work		focto	E OF INJURY (Home, farm		ty or town)	(County) (State)
retained b	21 I certif	y that (1) (this xho) ceased alive an S	Kixl Xatten	led the deceased	framZa and that	death accurred at	80 to 8 A M, fr	6m causes and	, 1967, that (I) (we) lo an the date stated above 22b. DATE SIGNED
eg 6 6	22c PHYSKIANS NAME (Type)	GEORGE /	ENNING	S. M.D.	M.D	22d. ADDRESS	MED. DIRECTOR OTOMAC S	STAFF PHYS.	JUNE 3, 1967 STOWN, MD.
Page 4 may	230 BURIAL (REMATIO REMOVAL (Spellify) BURIAL	6/5/				CEMETERY	HAGERS		(County) (State) SH. CO. MD.
VR A15 (4) 25M 1/67	24. FUNERAL DIRECTOR	M. ROUZER.	HAGER	ADDRESS STOWN MAE	OVIAN'	JUN	by registrar 7 196		RAR'S SIGNATURE



the funeral ares death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, mage 3 should be detached for use as tile burial-transit permit. Then please remove carbon papers. Pages thould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are

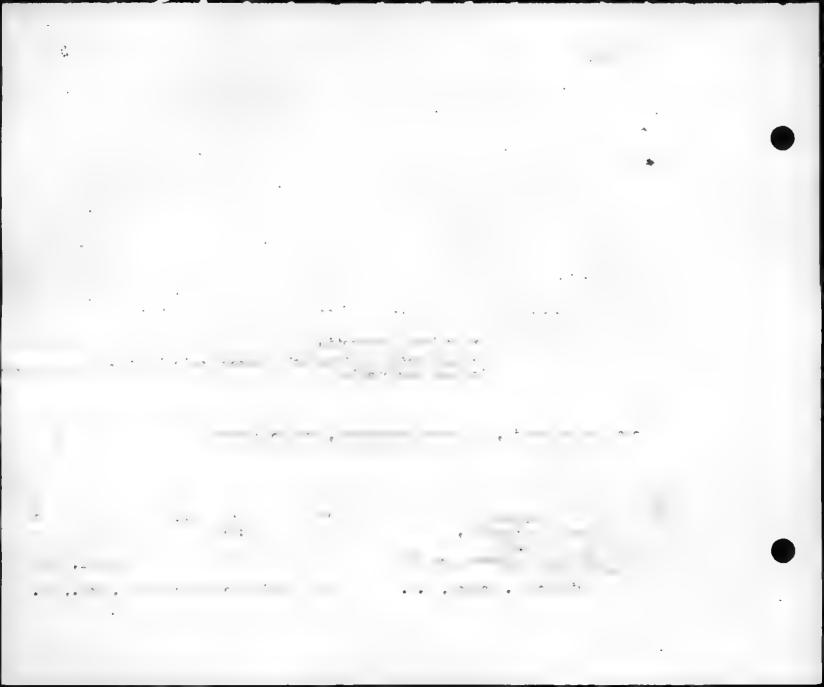
TO HOSPITAL OR ATTENDING PRYSICIAN: The Liw raquirus that the death certificate be executed within 24 Hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02794		CERTIFICAT	E UF DEATH		US 493
1.	PLACE OF DEATH			2. USUAL RESIDENCI	E (Where deceased lived, If Institution	n: Residence before admission)
	a. COUNTY	shirgton		a. STATE	yland b. COUNTY	Mashington
_			MARYLAND s, c. Length of Stay in 1b		butside corporate limits, write RU	
	write RURAL and	if outside corporate limit d give nearest town)	S, C. LENGIN OF SIMI IN 10			MAE BING BING HEATEST TOWNS
1	Hagerstown		l day		lagerstown	
	d. NAME OF HUSPI	TAL OR INSTITUTION (if no	ot in hospital, give street address)	d. STREET ADDRESS		9. IS RESIDENCE ON A FARM?
_		County Hospi	tal	1531 Dual	. Highway	YES ND X
3.	NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	BLANCHE	Viola	STEFFEY	DEATH June 30	19 67
5.	SEX 6.	COLOR OR RACE 7. MAI	THE PERSON NAMED	8. DATE OF BIRTH	9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
Fe	emale N	White WID	OWED DIVORCED	May 15 1889	7 last birthday) Mont	hs Days Hours Min.
102	USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Con	unty & State, or foreign country) 1	2. CITIZEN OF WHAT
UUI	Houseri	Le Le rem II Le fillen)	Home	Mary	rland	COUNTRY? U.S.A
13	FATHER'S NAME		4101.10	14. MOTHER'S MAIDE	EN NAME	
C	anniah: Camil	2 0 24		Catherine	Brubaker	
	amuel Grud	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	2641 Address th	
(Yi	s, no, or unkown) (If	yes give war or dates of service			3	-
_	No I			S. Agnes na	berl Pittslurg	Pa.
			per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATI	H WAS CAUSED BY: MMEDIATE CAUSE (a) <u>I</u>	ntestinal Obstruc	tion		48 hours
		DUE TO S	trangulation of i	leum with he	monnherie infere	
	Cenditions, If any	, which } (b) ti	trangulation of i	n Tamii aten He	amorriagic Turare	- Indeterminate
	gave rise to im	mediate (
	cause (a), stati underlying cause I	IIR THE !				
NO			TRIBUTING TO DEATH BUT NOT RELA	TED TOTHE TERMINAL C	ISFASE CONDITION GIVEN IN PART	1(a) 119. WAS AUTOPSY
ATE			ulmonary emphysem			PERFORMED?
F	202 ACCIDENT WA	S IINDEDI VING TO	Ob. DESCRIBE HOW INJURY OCCL			
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING 2 CAUSE OF DEATH Y MEDICAL EXAMINER)	OUT DESCRIBE NOW HEIGHT OCCU	NALD: (Litter hattire vi	migary in rate roll rate it of item	. 10.,
			20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	rm. 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m.		foots.	ry, street, office bldg., et	c.)	(04411)
ME.	p.m.	19 a	t work at work	00	/	,
	21. I certify t	hat (I) (thicknession) a	ttended the deceased from J 30, 19 67, and that	une 28 , 19	67 to June 30 , 1	967_, that (I) fox last
	saw the decea	sed alive on June	19 07, and that	death occurred at L	2.5Um, from the causes and	on the date stated above.
	nos cirmetide.				440	DATE CICNED
	22a. SIGNATURE	1 -1-	10	ATTENDING - M	IED. STAFF	. DATE SIGNED
1	22a, SIGNATURE	2) Toymo	mh P. M.C), PHYS. K 0	IED. STAFF PHYS. D	DATE SIGNED
	22a, SIGNATURE) Jagmo	7	22d. ADDRESS	RECTOR PHYS. L. J.	uly 1, 1967
	22a, SIGNATURE	illiam T. La	yman, M.D.	22d. ADDRESS 100 Profes	sional Arts Bldg	uly 1, 1967
234	22c. PHYSICIAN'S NAME (Type	illiam T. La	yman. M.D. f 23c. NAME OF CEMETERY	22d. ADDRESS 100 Profes OR CREMATORY	Sional Arts Bldg 23d. LOCATION (City, town o	Hag Md. (State)
_	22c. PHYSICIAN'S NAME (Type	illiam T. La	yman, M.D.	100 Profes Or CREMATORY The tery	sional Arts Bldg 23d. LOCATION (City, town o Williamsport 1	Hag., Md. (State)
3	22c. PHYPICIAN'S NAME (Type) I. BURIAL, CREMAY REMOVAL (Specif	illiam T. La ion, 23b. DATE THEREO y) July 2-67 or	yman. M.D. f 23c. NAME OF CEMETERY	100 Profes Or CREMATORY The tery	sional Arts Bldg 23d. LOCATION (City, town o Williamsport 1	Hag., Md. (State)

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08795 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY WASHINGTON · COUNTY WASHINGTON MARYLAND MARYLAND b CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writeFfUR fC Pring Ce The Office (Town) 35 YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1308 W. CHURCH ST. ed 1308 W. CHURCH YES NO IX 3. NAME OF Middle Eirst 4. DATE Month Day Year DECEASED LLOYD DENNIS STINE JUNE 29 1967 (Type or pnnt) DEATH S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) Months MALE Haurs WHITE 7/18/1911 WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind af work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT AMPRERAFT MFG. U.S.A. CO. PENNSYLVANTA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME WESTLEY EARL STINE LEILA HOOVER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Addre LAGERSTOWN (Yes, naveronknown) (If yes give war ar dates of service) 5 14-09-5626 MRS. DELLA F. STINE MD. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute myocardial Infarct IMMEDIATE CAUSE (a) DUE TO Coronary artery insufficiency Conditions, if any, which gave yrs nse ta immediate cause (a), DUE TO stating the underlying couse Generalized arteriosclerosis yrs 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hos CERTIFICATION Marked obesity & mild diabetes mellitus YES NO 200 ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of Item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) none 20x TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour 'o m. foctory, street, affice bldg., etc.) Not While p.m. none at wark L at wark Page 4 may be retained by t TO FUNERAL DIRECTOR: After 21 I certify that (1) (this haspital) attended the deceased from May . 19 67 ta June 29 19 67that (1) (we) last 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, page 3 M.D. DIRECTOR PHYS 6-30-67 22c PHYSICIAN'S Potomac St Harerstown, Md NAME (Type) Harold R. Tritch, Jr M.D. 23g BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State) REMOVAL (Specify) 7/1/67 REST HAVEN CEM. HAGERSTOWN WASH. BUR TA MD. FLINERAL DIRECTO 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Charles DATE JUL 3 196



the funeral age of the care of	
the haspital of attenting Enystican. this certificate has been signed by the attending providen and completely filled in by the funeral detached for use as the burial-transit permit. Then please remaye carbon papers. Pages T and be Dept. af Health priar to burial, crematian, are madding in any event, within 72 hours of the case.	
physician. signed by the burial-transi burial, crem	
the haspital of attenuing physician. This certificate has been signed by the attending detached for use as the burial-transit permit. I e Dept. af Health priar to burial, crematian, ar rem	

after #math

ATTENDING PHYSICIAN: The law requires that the death certificate be enecuted within 24 llours

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IO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24	Tage 4 may be retained by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending presiden and completely filled in	5	_shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72	in

08795 08796CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Washington MARYLAND c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown. Nd. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 36 Veste d. STREET ADDRESS B IS RESIDENCE ON A FARM? 112 Parkway Dr. Washington County Hospital YES NO 3. NAME OF Lost 4. OATE Month Year 11 DECEASED Stone June 67 Carrie Lea 19 (Type or print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR I IF UNDER 24 HRS S SEX 6 COLOR OR RACE AGE (In years 7 MARRIEO **NEVER MARRIEO** lost birthday) Months Hours WIDOWED DIVORCED 4-8-1889 female White 10o USUA, OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 13 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATRER'S NAME Warrenton Va. Unknowa Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) James Hoffman, Hagerstown, Md. none INTERVAL BETWEEN 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Cerebral Hemorrhage DUE TO Conditions, if any, which gove Hypertension rise to immediate couse (a). DUE TO stoting the underlying couse lost 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO -200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg, etc.) ot work ot work 19____, that (!) (we) last certify that (1) (this haspital) attended the deceased from 6-10-67 . 19 _, to 6-11-67 saw the deceased glive an 6-11-67 19/ , and that death accurred at 9.304 M, fram causes and an the date stated above. 22b. DATE SIGNED SIGNATURE 22o **ATTENDING** 6-12-67 DIRECTOR M D PHYS. PHYS. 22d AOORESS MAME (Type) Francisco E. Rosillo. Hagerstown, Md. 21740 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 6-14-67 23d LOCATION (City or Town) (County) (Stote) Rose Hill Cemetery Hagerstown. Md. MEMORYN REMOTAL) 24 FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md. 2Sb REGISTRAR'S SIGNATURE REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08796 08797 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Washington MARYLAND Maryland Washington c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 write RURAL and give nearest town) Hagerstown, 40yrs. Hagerstown, Maryland. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ papers. d STREET ADDRESS B IS RESIDENCE ON A FARM? filled i ashington County Hospital Route 3 YES NO V carban First Middle and in any event, wit Lost DECEASED Marie Beulah Summers June DEATH 1967 6. COLOR OR RACE AGE (n years IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthdov) Manths Doys Colored WIDOWED DIVORCED Female pub 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Proprietor Tavern COUNTRY? Union Bridge, Md. IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or remova Martin Dowery Bessie Milberry 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) Arthur E. Summers Route 3 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. **DUE TO** Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse this certificate has been WAS AUTOPSY PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICAT ON NO: 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) factory, street, office bldg, etc.) Hour o.m. 2) I certify that (I) (this haskital) attended the deteased from that (1) (we) last and that death accurred at D.44 M, fram causes and an the date stated above saw the deceased alive an_ 220 SIGNATURE ATTENDING PHYS. DIRECTOR PHYSICIAN'S 22d ADDRESS NAME (Type) Donald E. Martin, M.D. 418 N. Potomac St., Hagerstown, Md 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) National Cemetery Gettysburg 2 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



e IS RESIDENCE ON A FARM? YES NO 🛣 Month Year June 27, 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY ? Md. Minnie Myers Address Sutton, Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO (County) (Stote) and that death accurred at Mort causes and an the date stated above 23d LOCATION (City or Town) (County) (Stote) Rest Haven Cemetery Hagerstown, 6-30-67 ADDRESS REC D BY REGISTRAR FUNERAL DIRECTOR
Minnich 25b REGISTRAR'S SIGNATURE Funeral Home. Md Hagerstown.

Wash.

VR A15 (4) 25M 1/67

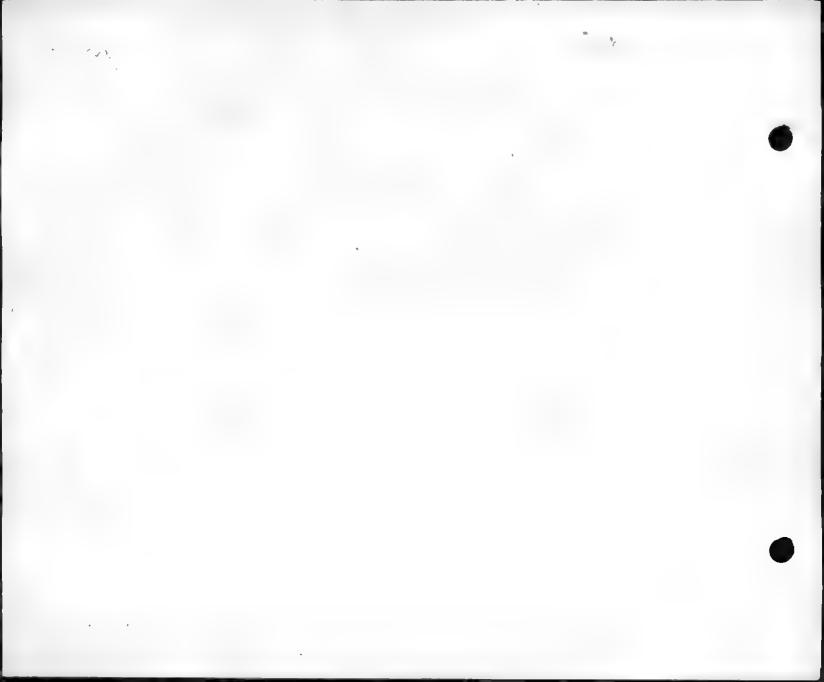


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08799 The law requires that the death certificate be executed within 24 hours after death. campletely filled in by the funeral lave carban papers. Pages 7 and y event, within 72 hours affer deal PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Washington Penna. Franklin MARYLAND b City DR TDWN (If autside corporate limits, c. LENGTH DF STAY IN 1b c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown DOA Mercersburg . Pa. 17236 d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 38 W. Fairview Ave. Wash. Co. Hosp. YES NO X NAME OF 4. DATE Middle DECEASED CHARLES TAYLOR N. June 17, 1967 (Type or print) DEATH S. SEX JE UNDER 1 YEAR 6. COLOR DR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years rthdoy) Male White DIVORCED signed by the attending physician and burial-transit permit. Then please rem 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) Factory Supervisor Mercersburg. Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval Charles C. Taylor Viola Straley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) ㅁ 174-01-3769 Mrs. Chas. N. Taylor Mercersburg, Pa. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE (AUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a) DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg, etc.) at work 2]. I certify that (I) (this haspital) attended the deceased fram... A-30, 1967, to 6-17, 1967, that (1) (we) last 6 [12] 67, and that death accurred at 1.30 P.M. fram causes and an the date stated above. saw the deceased alive an 22n, SIGNATURE 22b. DATE SIGNED J/J/om Gaka 6-19-67 Washington St. 154 West 22d ADDRESS John H. Hornbaker, M.D. 22c. PHYSICIAN'S NAME (Type) 21740 Hagerstown, Md. directar, 23o. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 6/21/67 Fairview Mercers burg. Pa. **ADDRESS** 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Mercersburg, Pa.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. and completely filled in by the funeral remove corban papers. Pages 1 oper in any event, within 72 hours after deat TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician director, page 3 should be detached for use as the buriol-transit permit. Their elegan should be filed with the State Dept. of Health prior to buriol, crematian, or removal and

DIVISION OF VIIAL N	•		RL, MARIDAND 21201	
08800	CERTIFICATE	OF DEATH		08793
o. COUNTY Washington	MARYLAND	A STATE	where deceosed fived, if institution b. COUNT	
b CITY OR TOWN (If outside corporate imits, write RURAL and give neorest town) Hagerstown	45 years	Hagerst	tside corporate limits, write RURA OWN	11
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS		8 IS RESIDENCE ON A FARM?
100 Willard St.		100 Wil	lard St.	YES NO
3 NAME OF First DECEASED Nora (Type or pont)	Lillian	Thompson	4. DATE Month OF DEATH	June 7, 19 67
female 6 COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	7-20-98	9 AGE (In years last birthday) 60 yrs	Months Doys Hours Min
	nd of Business or Dusky Siery mfg.		& Stote, or foreign country) am Co., Va.	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Heiser		14. MOTHER'S MAIDEN N	Edith Shi	pley
		nformant uniel Thom	pson, Jr. Ha	gerstown, Md.
IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. (c)	Myscarde	al sufe	Rearl des	ane Selefint
OR CONTRIBUTING CAUSE OF DEATH	O DEATH BUT NOT RELATED TO	lelething	sid	19 WAS AUTOPSY PERFORMED? YES NO
	Not While toch	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
21. I certify that (I) (this haspital) atten	ded the deceased fram	5 7/8 , 1 death accurred at	960 to SOM ACOM, from couses o	that (I) (we) las
220. SIGNATURE RoZecet	7 keadle M.	******	MÉD STAFF DIRECTOR PHYS	22b. DATE SIGNED 6-9-6-7
22c. PHYSICIAN'S ROBERT	F. Keadle	22d, ADDRESS	erstaum	Md.
230 BURIAL (REMATION, BUNDAL (REMATION, BUNDAL STATE THEREOF 6-10-67		Cemetery		, Md.
24 FUNERAL DIRECTOR Minnich Funeral Home,	ADDRESS Hagerstown	, Md. DATE	1 4 1967 25b. REG	ISTRAR S SIGNATURE
				W -

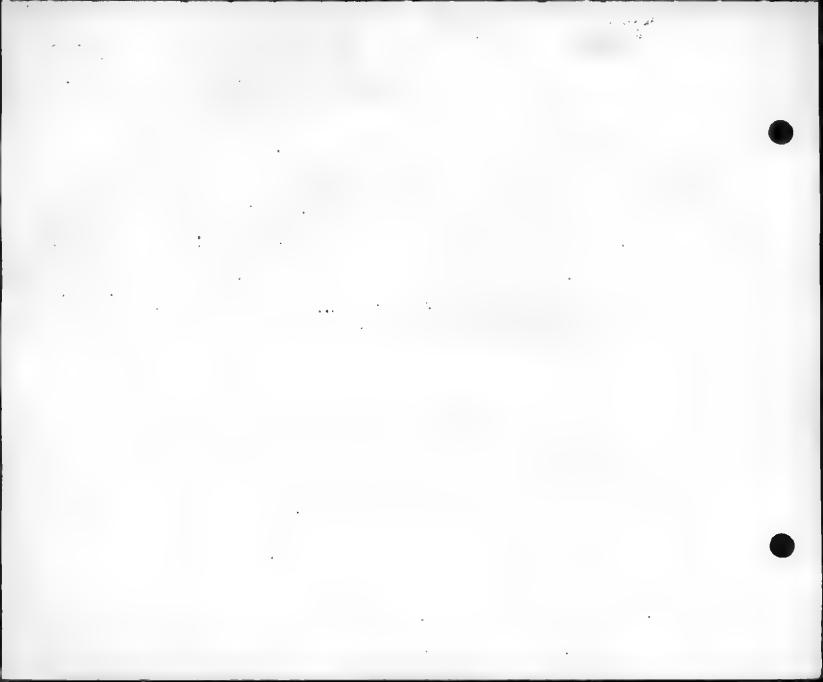
VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

II.	0000	- P14				
1	1. PLACE OF DEAT	1				tution: Residence before admission)
ł	a. 000HT	Washington	MARYLANO	a. STATE Ma	ryland b. COUNT	Washington
1	b. CITY OR TOW	N (if outside corporate limits,	c. LENGTH OF STAY IN 1b			e RURAL and give nearest town)
١	Hagerst	and give nearest town) DWIT	l week	Sharpsbu	rg	
ľ	d. NAME OF HO	SPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		0. IS RESIDENCE ON A FARM?
ļ	Washingto	on County Hospital	1	116 E. Ch	aplin Street	YES NO [3]
1	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Oay Year
1	(Type or print)	FLOSSIE	OMEGA	WEAVER	DEATH June	1 19 67
ı	5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	last hirthday) i	FUNDER 1 YEAR IF UNDER 24 HRS.
ı	Female	White WIDOWED	DIVORCED [Nov. 12 18	92 74 yrs.	9 19 11
	10a, USUAL OCCUPAT	FION (Give kind of work done 10b. H ling life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ı		evrife Hor		Sharpsbur	g Maryland	U.S.A
ľ	13. FATHER'S NAM	1E		14. MOTHER'S MAID	DEN NAME	
١	Charles	s E. Bwain		Nannie	E. Smith	
I	15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.		INFORMANT	114 E Address	plin St.
1	No	2.	13 16 1597A M	s. Daniel	Marshall Sharp	sburg Md.
ľ		DEATH (Enter only one cause per		0		INTERVAL BETWEEN
ł	PART I. O	EATH WAS CAUSED BY:	leuline he	wontrance		ONSET AND DEATH
1	33/x	OUE TO				
I	Conditions, if		Currel Jus	anteroj d	lewy	Years
	gave rise to	immediate (A		
ı	cause (a), s underlying caus	tating the f	v			
1		SIGNIFICANT CONOUTIONS CONTRIB		ATEO TO THE TERMINAL (DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY
1	CAT	9	trabeta well	itus		PERFORMED? YES NO 9
	PART II. OTHER 208. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] 20b. ING [] CAUSE OF DEATH ITIFY MEDICAL EXAMINER)	OESCRIBE HOW INJURY OCC	JRREO. (Enter nature of	f injury in Part I or Part II of	Item 18.)
1			INJURY OCCURRED 20e. PL	CE OF INJURY (Home, fa	arm. 20f. (City or town)	(County) (State)
	20c, TIME OF Hour a.	m. While	Mot While facto	ory, street, office bldg., e		,
ı		m. 19 at wor		Way 16 1	2 (1 2)	10 () 11 1 11 1 1 1 1 1
	21. I certi	fy that (I) (this hospital) attend	led the deceased from V	to the second of the	y +2 14 from the course of	_, 19 <u>6</u> }, that (I) (we) last and on the date stated above.
1	Saw the de		19 · 7, and tha	t death occurred all	I AS MI, ITOMI THE CAUSES A	22b. OATE SIGNEO
ı	220. 3101710	+4 evene	M.	D. PHYS.	MEO. DIRECTOR PHYS.	6-2-67
	22c. PHYSICI NAME (T	AN'S JOSE PH SE	CONDAR	22d. ADDRESS	00 NS 18 0 PO	Md
	23a. BURIAL CRES	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, toy	yn or county) (State)
	BANDAT (20	eclfy) June 4 1967	Mt. View Cer	metery	Sharpsburg M	d
	24. FUNERAL DIR	ECTOR	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. RE	
	Alber	t L. Leaf William	sport Md.	DATELIN	6 1967	carles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove group papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after—geath. VR A15



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ı	08802 CERTIFICATE OF DEATH Reg. Dist. No. 08801
	1. PLACE OF DEATH o. COUNTY Washington MARYLAND 2. USUAE RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Pleasantville (Rural)
4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital d. STREET ADDRESS RFD#1, Harpers Ferry, W. Va. ves \(\text{NAME OF HOSPITAL (If not in hospital, give street address)} \) Ves \(\text{NA FARM2, YES \(\text{NOT NOT Y} \) Ves \(\text{NOT NOT Y} \)
	3. NAME OF First Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) HESTER GERTRUDE WEAVER DEATH June 27, 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Female White WIDOWED DIVORCED Jan. 30, 1887 9 AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY/ Housewife Own Home Brucetown, Virginia USA. 13. FATHER'S NAME
	Sylvanius Marion Ambrose Susan B. Shimp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT E. Marion Weaver Address R.F.D. #1 NO. 10. NO. 11. INFORMANT E. Marion Weaver R.F.D. #1
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Suberachmoid Hemorrage Conditions, if any, which gove rise to immediate couse (o), storing the under- lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
d	PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)
	County C
	21. I certify that I attended the deceased from June 27, 19 67, to June 27, 19 67, that I last saw the deceased alive on June 27, 19 67, and that death occurred at 10:10 PM, from the causes and on the date stated above. ACTUAL SIGNATURE M.D. 145 S. Prospect St. Hagerstown, Md. PHYSICIAN'S NAME (Type) Dr. Charles C. Spencer
l.	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 6/30/67 Edge Hill Cemetery Charles Town, West Va.
	23. Alberal director's showhfure Scholar Pers Ferr 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE West Va. DARE UL 5 1967 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08803	CERTIFICATE	OF DEATH		8802		
1	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
	o. COUNTY Washington County			o. STATE Maryland b. COUNTY Washing		nington		
1	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate fimits, write RURAL and give	e neorest town)		
		Hagerstown	94 days		stown	711		
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
		Western Maryland		153 South Mulberry Street YES NO x				
		NAME OF First DECEASED	Middle	Lost	Doy Year			
	((Type or print) Hary	Josephine	Wenner	DEATH June 15th,	19 67		
П	5. 5	SEX 6. COLOR OR RACE 7. M.	THE	B. DATE OF BIRTH		Doys Hours Min.		
		T CHARLE WILL DO			884 83 yrs. Months			
		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		(0	TIZEN OF WHAT		
	0011	and the state of t	THE GETTE	Washington Co., Maryland		USA		
	13. FATHER'S NAME				NAME			
		John Davis		Anna Mary	Cromer			
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address			
	(Yes, no, or unknown) (If yes give wor or dotes of service) WA-608435 Mrs. June Nigh, Funkstown, Md							
		18. CAUSE OF DEATH (Enter only one couse per				INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Rupture of aortic aneurysm							
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Rupture of aortic aneurysm 45/A DUE TO						
		Conditions, if ony, which gove) (b) Generalized arteriosclerosis						
		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (st.) (b) Generalized arteriosclerosis DUE TO (c)						
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY 19. WAS AUTOPSY						
1	NOI	PART II, OTHER SIGNIFICANT COMPITIONS CONTRIBUTION TO DESIGN BOT NOT REDAILED TO THE TERMINAL DISEASE COMPITION OFFICE IN PART I(0)						
	Fracture of hip 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT							
	ERTI	OR CONTRIBUTING DECAUSE OF DEATH	Fall in home	(cities morare of infary at	ron i or ron ii or nem ib.,			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		CE OF MILITAL (Home from	n. 20f. (City or town) (Co	unity) (Stote)		
1	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m.	While Not While for	CE OF INJURY (Home, form tary, street, office bidg., etc.)		,,		
4	2	p.m. 2710 "OI at work a ling of the line line line washing out. Mu.						
		21. I certify that (I) (this haspital) attended the deceased fram 3/13 , 1967, ta 6/15 , 1967, that (I) (we) last						
		saw the deceased alive an 6/15 19 67, and that death accurred at 1:30 PM, fram causes and an the date stated above.						
		220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED						
		M.D. PHYS. DIRECTOR PHYS. DX 0/10/07						
,		22d. ADDRESS 1500 Pennsylvania Avenue						
		mevalub i. hay sedutita, n. s. hager submi, mary tanu						
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 6-19-6	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)		
					Hagerstown, M			
1	24	Hinnich Funeral Ho	me, Hagerstown	, Md. 250. RECT	BY REGISTRAR 25b, REGISTRAR'S 1	SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages find should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after decided.

VR A15 (4) 20 M 1/66

free bid self 3.000 400 and the probability about the little and the probability and the little and the l Upon the property of the contract of the contr THE RESERVE OF THE RE a remove a supplied of the sup and at Men. AND THE RESERVE OF THE PARTY OF 10) I also I als the state of the same of the s A Principal Co. 1 (2) The second AND THE TRUE OF STREET

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CERTIFICATE OF DEATH

08803

00003	4								
1. PLACE OF DEATH	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
Wash	o. COUNTY Washington MARYIAND			a. STATE Md. b. COUNTY Wash.					
D. CHIT UK TOWN	(If dutside (drodrate limits,	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If at	utside carparate limits, write RURAL	and give nearest tawn)				
Hagers	nd give nearest town)	6 weeks	Smithsburg		21.1				
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospit	ol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
	Nursing Home		Main St.		YES NO X				
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Doy Year				
(Type or print)	John	Henry	Young	DEATH June	10 19 67				
S. SEX	6. COLOR OR RACE 7. MARR	I INCICAL INSTANCES	B. DATE OF BIRTH	last hirthday) A	F UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Hours Min.				
Male	White WIDOW	/ED DIVORCED	March 11, 1		TOTAL TOTAL TRAIL				
		b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar foreign country)	12. CITIZEN OF WHAT				
truck	uring mast of working life, even if retired) IND		Smithsburg, Md.		COUNTRY? USA				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
George	Young		Margare	t Shriver					
IS. WAS DECEASED BY	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address					
110	(If yes give wor ar dates af service)	212-03-1089 Ma	my Catherin	e Young .College	Park Md.				
	10								
	THE MAN CALIFFO BY	Coromary occlusi	on		ONSET AND DEATH				
42	O / DUE TO								
Conditions, if an	(onditions, if ony, which gove) (b) Arteriosclerotic			ular disease.	10 years				
rise to immedia									
last.	stating the underlying cause DUE TO last. (c)								
PART II. OTHER S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY								
01									
	AS UNDERLYING 205	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Part II af item 18.)	YES NO X				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF IN.									
Hour a	Hour a.m. p.m. 19 While of work of w								
	ill. OI		6-18	10 55 to 6-10-	10.67 that (1) (wa) fac				
	21. I certify that (I) (this haspital) attended the deceased from 6-18, 1955, ta 6-10-, 1967, that (I) (we) last saw the deceased alive an 5-23- 1967, and that death accurred a 55 p.M., from causes and on the date stated above.								
	220. SIGNATURE 2 22b. DATE SIGNED								
Chan	ATTENDING MED. STAFF								
22c. PHYSICIAN			22d. ADDRESS						
NAME (Typ	NAME (Type) Charles F. Hess, M.D. Smithsburg, Maryland 21783								
23o. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)				
REMOVAL (Specif	June 13. 1	967 Cavetown Cem		Corret	636				
24. FUNERAL DIRECT		967 Cavetown Cerr	2So.J.(0)	PARY REGISTRAL 25b. REGISTAL 2	Mash Mus TRAKS SIGNATURE				
	Funeral Home, S	mithsburg. Md.	DATE	1 1967 xcc	Cometa is				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplerely filled in by they director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours at Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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